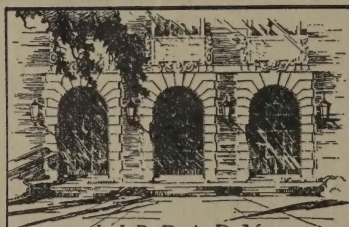


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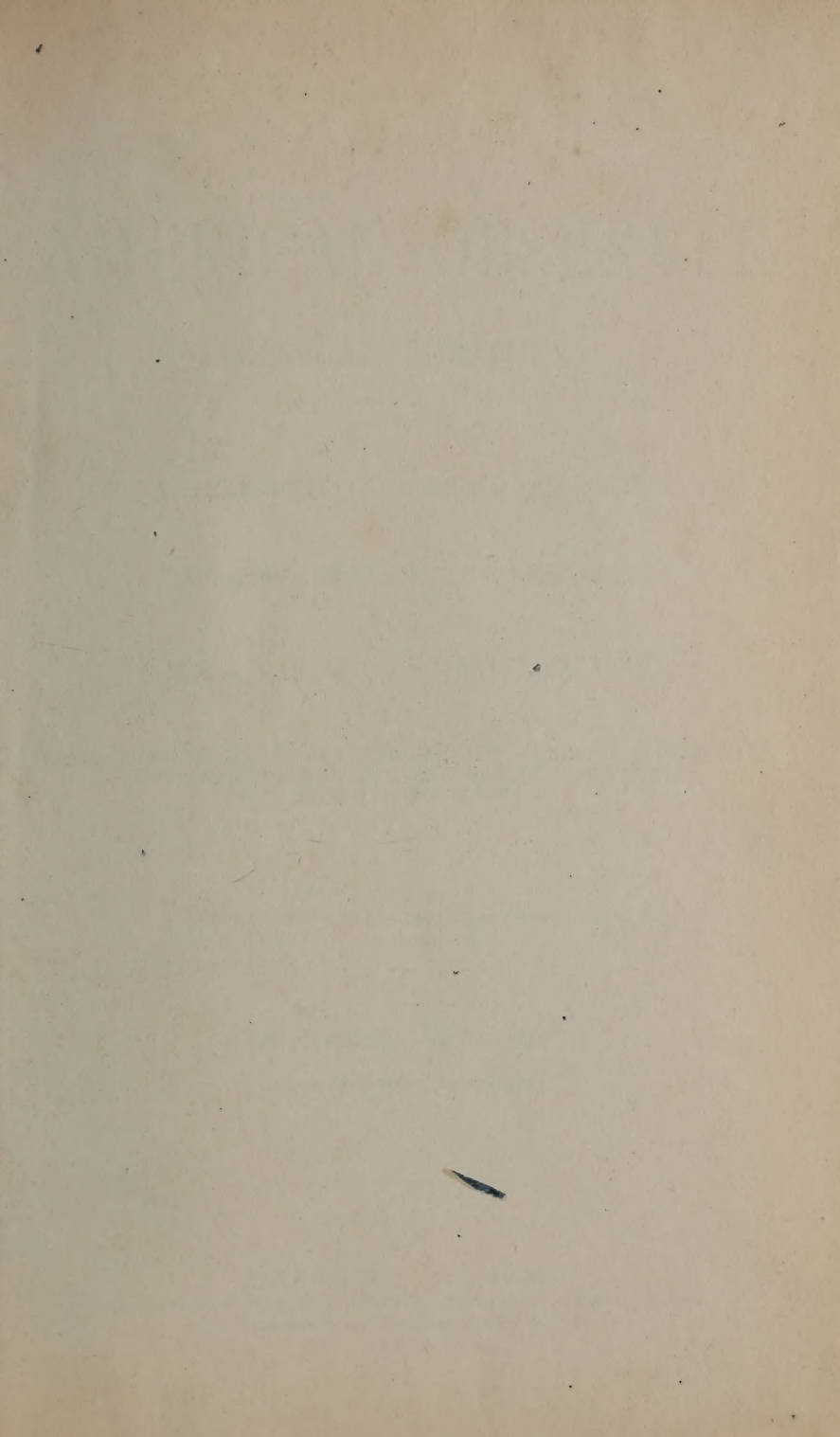
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THE

AMERICAN OBSERVER

MEDICAL MONTHLY:

DEVOTED TO

HOMŒOPATHIC MATERIA MEDICA,

SURGERY, GYNÆCOLOGY, OBSTETRICS,

PRACTICE OF MEDICINE,

PÆDONOSOLOGY, PATHOLOGY, PHYSIOLOGY, POSOLOGY, TOXICOLOGY,
MEDICAL JURISPRUDENCE, MICROSCOPY, CHEMISTRY,
BOTANY AND HYGIENE.

"IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS."

NEW SERIES—VOLUME V.

FROM BEGINNING, VOLUME XV.

DETROIT, MICHIGAN:

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353 Woodward Ave., Northwest Corner of High St.

1878.



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Introductory.

1847 L. Allen
It seems to us that it were but as yesterday that we were penning an Introduction to this journal for the last year. So quickly have the pages dropped from our hands, just as falling leaves; but yet most unlike these they are as buds of promise, and go forth to leafage and fruit in more than a thousand places. A mere suggestion to a wise man is of great value, and hundreds of the busiest practitioners gather help for their arduous duties in not merely valuable hints, but faithful records of successful progress in paths similar to those they daily tread. Then the presentation, in their own tongue, of the best medical literature of Germany, France, Italy, and other nations, and elaborate scientific papers, these are all helps by the way that only the foolish will despise.

Whatever of success has attended our efforts hitherto we deem to be due to the faithful corps of collaborators who have so generously edited their various departments. We have merely done a little in organizing the forces employed. We feel a measure of regret that there has not been better generalship, yet at the same time very grateful that the profession have deemed our efforts worthy of their constant support through the issue of 168 monthly numbers, or fourteen years.

Now we proceed to the welcome labor of the fifteenth year, feeling assured that very many will look upon the face of the new number of the new year as upon an old and valued friend,

not in the "sere and yellow leaf," almost superannuated, and ready to be laid aside as no longer of any use to the world, but as of one who retains a measure of mental and spiritual vigor, and is ready of hand and willing of foot for a service which tells for the benefit of the race. From the depths of our soul we pity the man who is tired of work, who in the morning goes to his toil with the tardy steps of the slave, and in the evening cries out, "Where is the profit?" Rather give us, during every day that remains to us of earthly existence, constant and congenial labor; employment that we can feel assured is of service to our fellows. We ask no better satisfaction here than to be so engaged with all our powers, that it may be recognized that our life is not useless, and that we are something more than a mere cumberer of the ground.

The homœopathic physician goes forth on his errand of mercy to "heal the sick;" he has a ministry of health which makes his footsteps a blessing to the community; he has a law of cure for guidance which he accepts as a gift of heaven; in his conflicts with disease and death he needs all the aids that research and observation can furnish. That we have been able in past years to be helpful to many such is a cause of profound gratitude; that we shall continue to assist earnest workers is our constant desire, and so we pledge the profession the benefit of our labors for another year.

One of our oldest subscribers writes: "Your relentless perseverance reminds me forcibly of the expression, 'Perseverance keeps honor bright,' which must be an important feature in the make up of an editor and publisher of a medical journal.' We thank our friend for the compliment and proceed with our work, holding that which is already accomplished and striving after that which is yet to be gained. Another friend encourages us by writing: "I derived more benefit from that number" (alluding to a single issue of the OBSERVER,) "than the subscription for the whole year."

SURGERY.

Dr. Bushrod W. James has been editor of this department for nine years. During the past year his contributions were not so frequent as we all desired, but this year we trust to have something from his pen every month.

He writes to us as follows :

"You have not received any articles direct from me recently but the cause has been too much work in other directions, and not having endurance enough to further tax my hours for rest.

My health not being good, and finding myself losing weight rapidly in the early part of the summer season, I resolved to recreate for a time, and escape the sultry heats of the city.

Accordingly as early in July as I could leave home I started for Mount Desert, Maine, where the cool mountain breezes, mingled with the balmy air from the evergreens on the hills and in the valleys, and the moist salt atmosphere from the ocean, gives one the best remedy, for a tired anæmic medical mortal, that could be obtained by the inhalation method anywhere.

Roaming among the lovely forests of spruce, fir, balm of Gilead, and other evergreen trees, and climbing the bold rocky headlands of the shores, mounting the mountains, and rowing and sailing over the lakes and harbors of this island, I so toned up my system that the barometer of life stopped "running down," and commenced to go in the other direction.

Then I took a trip up through Canada, down the St. Lawrence river and up the Saguenay, and then over to St. Johns, N. B., and from thence down along the coast towards home, stopping at many points of health-interest on the way completing thereby nearly two months of absence from professional care and labor.

Now here I am in the harness again, feeling as mirthful and youthful as a boy (although not much stouter), with a great abundance of work around me. I will send you some surgical clippings and jottings soon. Suppose you say to the surgeons

of our school at large that the surgical columns of the OBSERVER are open *to them all*, and good original articles will always be acceptable and kindly received."

Surgical contributions are also expected from Professors Helmuth, Gilchrist, Parsons, and other eminent operators.

TRANSLATIONS FROM FOREIGN JOURNALS.

Prof. S. Lilienthal remains at the post he has honored so long. No better translations have appeared in any journal, and no contributions are more welcome to our readers.

MATERIA MEDICA.

Prof. Jones will continue to edit this department. Some articles from his pen appear in the present number, and others will follow from month to month.

PRACTICE OF MEDICINE.

Now that Dr. Hart has finished writing upon Diseases of the Brain and Eye, he will take up from time to time other departments of practice in his usual able, systematic and practical manner.

PÆDONOSOLOGY.

Thomas Nichol, M.D., LL.B., will resume the articles upon Diseases of Children which have been so warmly commended heretofore.

CLINICAL OBSERVATIONS

Will be resumed, and brief reports of remarkable cases cured with single remedies will be always welcome to our pages.

OBSTETRICS.

Dr. E. C. Price assumed charge of this department a year ago, and has favored us with an admirable series of useful and well written papers. We are pleased to say that he will continue in charge of the department he has so successfully conducted.

GYNÆCOLOGY.

The gynæcological department will still be edited by W. H. Blakely, M.D., who has special qualifications to conduct it to profit.

OPHTHALMOLOGY.

Dr. C. P. Hart's series of articles on Diseases of the Eye will be closed in the March number. These papers have been well received and have a permanent value.

PHYSIOLOGY AND HYGIENE.

Dr. James D. Craig, our associate in practice in Detroit, will hereafter take editorial charge of this department, and our readers may look for a series of papers from his pen which will well repay perusal. Dr. Craig says :

It is not without misgivings that we enter the Editorial ranks, but whatever doubt we may have of our ability to do justice to the department assigned us, we have full faith in the importance to every physician of a full knowledge not only of the functions of the human body, but of the laws governing them.

We do not belong to those in the profession who implicitly believe in the ability of drugs to cure all the ills that flesh is heir to. Although our faith in the homœopathic law, and the power of medicines when administered in accordance with it, has steadily increased for the twenty years of our professional life, we believe that it has its limits; that there are conditions that cannot be reached by medicines no matter how carefully selected. Should any reasonable person expect to strengthen muscles paralyzed by inaction, or restore an enfeebled circulation from the same cause, by a dose of medicine; or to cure a malignant disease while the cause of infection remains? Assuredly not, and the men or women who persistently violate the laws of their being either by indulgence of appetite, or carelessness of their surroundings, will suffer the penalty, and that without remedy.

The wonderful success of Hahnemann and his immediate followers is largely to be attributed to their punctilious adherence to hygienic rules, and if the homœopathic school is to retain the proud eminence which it now holds, its practitioners must pay more attention to hygiene than they now do.

A prominent clergyman of our acquaintance who had been an adherent of homœopathy for more than fifteen years, lost faith in it because his physician administered medicine to him for months without benefit, and yet his ailment was removed in a short time by attention to proper hygienic rules under the direction of an allopath.

BACK NUMBERS.

We are very much desirous that our new subscribers shall have the back volumes of this journal. With the complete Classified Index, which was furnished with the close of the tenth volume of the first series (for 10 vols.), and the Classified Indices which have been furnished every year since, the fourteen volumes are of very great value for ready reference by the practitioner. We offer to supply back volumes, as far as practicable, to all our subscribers who are not in arrears, for half price, or \$1.25 per volume, unbound, postage prepaid.

CONTRIBUTIONS SOLICITED.

We have not been in the habit of making direct application for contributions to our pages, and we hope none of our readers will wait for special invitation to write. We are always prepared to receive practical articles, brief essays, or elaborate papers, as well as items of intelligence.

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Materia Medica.

PROF. S. A. JONES, M.D., ANN ARBOR, MICH., EDITOR.

ON THE SOURCES OF THE HOMŒOPATHIC MATERIA MEDICA. *Three Lectures Delivered at the London Homœopathic Hospital in January, 1877. By Richard Hughes, L. R. C. P., &c. Henry Turner & Co., London, 1877.*

A RE-PROVING OF CARBO VEGETABILIS. *Report of the Bureau of Materia Medica, American Institute of Homœopathy, Session of 1877.*

"For so it mostly happens that men make their experiments lightly and, as it were, in play."
Novum Organon, Book I, p. 70.

That ancient stock-breeder, Augeus, king of Elis, figures in history as having a stable which contained three thousand oxen, and yet had not been cleaned in thirty years.

How his Majesty's herdsman was able to find an ox what time his kingship desired a sirloin roast; how he could recognize an ox in such a reeking abyss; how each ox preserved the ox-semblance, are so many queries which history resolveth not. It records only the splendid doing of that great sanitarian of whose famous labors the cleansing of the Augean stables is not the least.

True and trite is it that history repeats itself, and that this fast-ripening nineteenth century has its stable wherein accumulates the ox-ordure of nearly ten decades, seething in its rottenness and filling with noisome stench all nostrils not anosmic which have business therein; burying also, up to the horn-tips, and making difficult of recognition, the oxen.

Only a Briarean Hercules can attempt *this* cleansing, and mayhap ten thousand Briarean hands would tire in this ox-washing. Worse than all, neither Hercules nor Briareus are welcomed to *this* labor by the herdsmen of these oxen. *Procul, O procul este, profani!* is *their* greeting; sorry encouragement to him who essays only the removal of the ox-ordure.

And worse, an ancient herdsman, self-appointed guardian of filth and all, has said with tongue and pen to one who would have cleansed: *Begone, lest thou throw away a steak for a stool!* Alack-a-day, be thy steaks and stools so much alike?

"To state the case in its most unequivocal form we have not sufficient

proof that symptoms obtained by the ordinary method are due to the drug tested, unless these symptoms cannot be attributed to any other cause.”*

To state the case in a still more unequivocal form, it is found on simple nose-inspection that this *embarras des richesses* in the modern stable is not due to the oxen alone—the species asinine has contributed with characteristic prodigality. But, ox or ass, the need for cleansing *is*, and what is being done about it?

Well, there is much of cheering promise in this study of the “*Sources of the Homœopathic Materia Medica*.” To be sure, this kind of work has been stigmatized as “running up and down a step-ladder in libraries and blowing the dust from old folios into the eyes of the readers.”† But who has a better right to a study of such “*Sources*” than he whose healthy reason rejects the errors of his *alma mater*, and turns to Homœopathy for that *lux in tenebris* which it alone can give? To see such an one *establishing the grounds of his new-found faith* is the best evidence of a sincerity not given to “blowing dust” into any eyes.

In the name of all truth, why is it that he who essays to submit any Hahnemannian lore to a critical review is sure to receive “more kicks than ha’pence?” Is the keeping of the Hahnemannian literature entrusted to a select and self-appointed few? Is only a *gobemouche* capable of examining a Hahnemannian citation? Is there an Homœopathic hierarchy who alone can expound the law? So it would seem; and this assumption is the ear-mark of a set of men whose self-conceit smells as loudly as the “Limburger” of their native land.

Dr. Hughes’s studies promise to be fruitful to the simply English-reading homœopath. As one result of his investigations he says: “The inference must surely be that a new translation is imperatively needed, and that forthwith. * * * * *

It is true that the pathogenesies of Hahnemann are being translated afresh by Dr. Allen for his Encyclopædia; and anyone who desires to have a faithful rendering of any symptom may depend on finding it there. But Hahnemann’s pathogenesies are necessarily in this work incorporated with others; and its plan excludes his prefaces and introductions, and (to a great extent) his notes. Since, therefore, we can neither expect from the former quarter [Dr. Quinn’s promised translation] nor receive from the latter the thing we want, there is nothing for us but to undertake a new version for ourselves.

*A Re-Proving of Carbo Vegetabilis, p. 1.

† Hahnemannian Monthly, Vol. IX, p. 376. For some small “step-ladder” jobs vide *Alce*, *Nux Moschata* in Hering’s *Mat. Med.*. For “dust-blowing” *circumspice*.

"For such a work I earnestly plead; and think that England and America—as equally concerned—might well co-operate in the task. There are on both sides of the Atlantic masters alike of German and of English from whom any translation would be received with implicit confidence. I myself have no place among these, but there is one element of the work which I could and would gladly supply. Some five thousand of Hahnemann's symptoms are quotations from authors, English, Latin, French and Italian, as well as German. *It is easy to see what confusion is made when these are re-translated into English from Hahnemann's rendering of them into German.* The examination of their originals, which I am carrying out for Dr. Allen, will enable me to supply all these quotations, if in English, in their own words, if in Latin, French or Italian, in direct translation; besides the verification, illumination, and correction which I can give them from the same sources. I should be ready to perform this part of the work; and if two or three competent scholars from England and America would sustain the main undertaking, we might have in a year or two an English version of at least the *Materia Medica Pura*, of which both countries would be proud."

Since the delivery of Dr. Hughes' lecture the *British Homœopathic Society* has promised to publish such an edition of the *Mat. Med. Pura* as Dr. Hughes has depicted, and the American Institute of Homœopathy can find no fitter employment than to issue a similar edition of the *Chronic Diseases*.

Dr. T. C. Fanning, of Tarrytown, N. Y., a pupil of Dunham's, has much of the *Chronic Diseases* already translated, and with the assistance so generously proffered, the *MSS.* could soon be in readiness for the printer, so that England and America could make a simultaneous issue.

Homœopathy has taken firm root in America, and yet no merely English-reading homœopath has ever had access to the very words of the master in his practical works! Perhaps the mutual-admiration cliques in the Institute cannot join hands in supplying a greater need.

If there is a need for a correct translation of the text, what should be our zeal to secure the *integrity* of the text? That *even this* is a desideratum may be learned from the lectures on the "*Sources*," &c., vide pp. 15, 16, 17, 18, 32, 33. To be sure, we can place much reliance upon the acumen of so profound an observer as Hahnemann, but when even he is tried by rigid analysis and strict logic we find the "feet of clay." The simple truth-seeker will at once acknowledge each *lapsus* of the master—for master he is, and his very errors draw him closer to us by the tie of a common human weakness—but the "homœopathician" never acknowledges an error

in the master, and, naturally enough, never sees one in himself. Take the instance of a notorious "homœopathician," the *defensor fides par excellence*, in his every paper on "The Physiological Livery" he prates about 'Logic' as a *nymph du pave* does about 'Virtue,' both evincing a deathless yearning for that which they have not.

Not 'logic' but credulity is the birth-mark of your "homœopathicians;" they are omniverous, and you can take them with a semblance of a 'symptom,' just as small boys catch frogs with a bit of flannel on a hook, because its redness makes it the 'like' of a piece of beefsteak.*

Prof. C. Wesselhœft and his Bureau have made a startling movement in the right direction. Their innocent but earnest takers of *Sacch. Lactis* recorded a lusty crop of symptoms, many of which *reappeared when Carbo Veg. was taken!* Hereafter, when a proving bears the mint-mark of the University of Boston it will command confidence, and the thanks of every earnest and truth-loving homœopath are due to its truth-seeking Professor of Materia Medica.

We have too many "Professors," not to say practitioners, who ascribe all that follows the taking of a drug—no matter what potency—to the drug. These are the men who plume themselves on their 'powers of observation'—they can tell the dot over an i from a fly-speck, every time. We know of such an one who, after taking the 10M of Zincum, had a curious itching just above the external malleolus of the right leg. On hearing of which, an incredulous (and incorrigible) student exclaimed, *sotto voce*, "Why the d—! don't he *change his stockings?*"

We have also accepted unchallenged the "proving" of the rawest student fresh from the plough-tail; we have even given a gold medal to an undergraduate who cut up a poisoned dog's carcass and recorded hypostatic congestion of the lungs as "hepatization;" we have had too much 'prentice work and too little master work; and yet all figures in our materia medica among the data on which depend the issues of life.

Twenty-five years ago attention was called to the very point to which Prof. Wesselhœft has given such needful emphasis. In a paper on the "Effects of Mental Attention on Bodily Organs" Sir Henry Holland said: "We may reasonably refer to the same principle some of the alleged facts in Homœopathy; such as the long train of symptoms, sometimes amounting to hundreds, which are catalogued as proceeding from infinitesimally small quantities of substances, inert or insignificant in other manner of use. *The attention urged to seek for local sensations has no difficulty in*

*The resemblance between the frog and the 'homœopathician' extends still further. Both are am-fib-ious—they can lie in water and on land with equal facility. Opinion based on the evidence of manufactured 'cases.'

finding them. They generate one another; and are often, as we shall afterwards see, excited by the mere expectation of their occurrence."

This common-sense *coup de grace* is repeated in a footnote :

"The manner in which these alleged symptoms are collected and registered by Homœopathists must be regarded as a glaring instance of the want of due understanding of evidence, referred to in the preceding chapter. Apart from the intrinsic improbability of the same agent, in doses inappreciably minute, producing effects on numerous parts wholly different in structure and function, we find the proofs (even as they come from the founder of the doctrine) to *consist principally in the simple assertion of the subjects of experiment*, unchecked, so far as we can see, by any regard to the phenomena now before us, though so absolutely essential to the truth of all conclusions thus obtained."†

We are by no means convinced by anything ever read by us that Hahnemann adopted any measures designed to eliminate this source of error, and we must expect to find phantasms of the common sensation (*phantasma cœnæsthesos*. Brach.) in his profuse pathogenesies.‡

At all events, this is the wrong end of the nineteenth century for any attempt to hedge in Hahnemann as a divinity whom to question were sacrilege, and in the papers under notice we have the evidence of such an upheaval as must in due time disturb the foundations of every sophism.

Only a lack of trust in the truth can object to the most searching investigation, and is it not markedly suspicious that the most strenuous of such objections come from those who claim to be the only truthful exponents of Hahnemann and Homœopathy?

S. A. JONES.

COCCULUS AND PICROTOXIN.

BY JOHN H. HENRY, M.D., SELMA, ALABAMA.

The therapeutical value of this remedial agent has, to a great extent, lost the attention of the medical profession.

It now plays a subordinate part in the treatment of diseases of the cerebro-spinal system, when it should hold the first rank with *Nux vomica* and *Ergot*. It is shunned and neglected largely on account of its poisonous nature.

† Chapters on Mental Physiology, p. 20.

‡ Vide Feuchtersleben's *Principles of Medical Psychology*, Chap. V., § 92, 93, 94, 95.

It is found growing in the East Indies and on the island of Ceylon. In 1812, from the kernel, Dr. Boullay obtained an alkaloid, which he called Picrotoxin, the poisonous principle of the seed.

Picrotoxin is the remedial agent to which I wish to call the attention of the homœopathic profession as a remedy in insanity, epilepsy, menstrual colic and spasms.

PREPARATION.—I prepare a tincture from the bruised seed in the proportion of ℥iv to Alcohol 95 ℥xvi . Dose, from one drop to xx gtts. to a half tumbler of water, a teaspoonful every one, two or three hours. Picrotoxin gr.i to $\frac{1}{2}$ to water ℥iv , a teaspoonful three times per day.

The experiments of Tschudi present the following comparative results of the administration of Strychnia and Picrotoxin, both substances being given in two grain doses. Strychnia causes tonic spasms; kills in three minutes; does not act upon the brain; never causes vomiting; does not act upon the secretions of saliva or bile.

Picrotoxin causes tonic and clonic spasms alternately; kills more slowly—an hour and a half; acts in some degree as a narcotic on the brain; excites frequent vomiting; increases the saliva, bile and urine in a remarkable manner.

The resemblance between the action of Picrotoxin and Strychnia led Tschudi to suggest the former in paralysis of the extremities and sphincters, and Reil, acting on the suggestion, employed a tincture in chorea hemiplegia from cold, and paralysis of the bladder from the same cause.

Picrotoxin is very poisonous, and given to strong dogs in five to ten grains produces death, preceded by convulsions, which, according to Dr. R. M. Glover, are very similar in character to those produced by Flourens by section of the corpora quadragemina and cerebellum, being attended with backward and rotatory movements and tetanic spasms. It also greatly increases the animal heat. It is an active narcotic poison.

Cocculus and its alkaloids has been dismissed from the British Pharmacopœia, and is only inserted in the United States Dispensatory according to usual custom; it is never given internally, but is used in an ointment in cutaneous affections, which is bad practice. Dr. W. B. Thompson, of New York, reports a death of a child six years old, resulting from the application of a strong tincture of the fruit to the

scalp. It had tetanic spasms and extremely contracted pupil. Dr. Ringer does not mention this article in his hand book of therapeutics. Dr. C. J. Hempel, in his *Materia Medica*, gives us a comprehensive article on *Cocculus* and *Picrotoxin*. According to Hill, he says in his history of the *Medica Materia* three or four grains of *Cocculus* causes nausea and fainting.

The symptoms, Hempel says, in cases of poisoning, present for our consideration,

1st. Burning pain in the œsophagus and stomach not relieved by frequent vomiting.

2d. Pain extending over the whole of the abdomen, increasing to gastro enteritis, with much febrile excitement followed by delirium and diarrhœa.

3d. Peritonitis, as revealed by a post mortem examination.

4th. Discoloration of the stomach with unusual thinness and softness of the walls.

5th. Dreadful apprehensiveness.

6th. Coldness and paralytic rigidity of the limbs.

7th. Drawing pains in the bones and back.

8th. Excessive irritability excited by the least increase of temperature or by loud talking.

9th. Sensation as if the brain were contracted by a ligature.

10th. Desire to sleep; he started up again as soon as he closed his eyes, roused by a sensation in his brain which was like a most hideous dream.

11th. Smallness of the pulse.

12th. Weakness and excessive soreness of the parts which had been affected with pain on the previous day.

Hempel says, keeping these poisonous effects of the drug, and the symptoms furnished by Hahnemann and some of his disciples as the results of careful examination on the healthy, we may study the action of *Cocculus* under the following heads :

CEREBRO-SPINAL GROUP.

We may use it in the following diseases: Vertigo resembling intoxication; hemicrania, as if the brain were contracted by a ligature, or as if the eyes should be torn out; spasmodic shaking of the head; paralytic rigidity of the extremities—a sort of partial paralysis; convulsions of the arms with clenching of the thumbs—a sort of epileptic paroxysm.

It causes a variety of nervous pains, such as boring, stitching, laming, bruising, drawing, constrictive pains, which may either be experienced in the muscles or in the bones. A prominent symptom is a painful stiffness or a creaking of the joints.

INFLAMMATORY GROUP.

It causes gastro-enteritis, and even peritoneal inflammation. It is not in purely rheumatic inflammation of the bowels or peritoneum that it will be found of any use.

It is homœopathic to typhoid character with a tendency to paralysis, and destroys the life of the brain; diarrhœa with tenesmus and delirium, bilious fever, yellow fever, typhus abdominalis, first and second stage typhus with giddiness and delirium.

STOMACH GROUP.

Poisonous symptoms on myself.

Pressure in the stomach without coated tongue and eructations; dyspepsia, with eructations, with pain in the pit of the stomach; frequent eructations; nausea with a tendency to faint; inclination to vomit, with headache; pain in the bowels as if bruised; soreness in the inguinal ring, left side, as if the bowels would protrude.

It caused flatulence with fetid diarrhœa followed tenesmus painful and continued; seems to extend all over the bowels; fainting, violent, sub-acute irritation of the intestinal lining membrane.

URINARY GROUP.—Large quantity of clear urine passes as many as twelve times a day.

RESPIRATORY GROUP.—A feeling as if one wanted to get more breath impeding respiration.

MENTAL GROUP.—Sad thoughts, desires to sleep.

EXTREMITIES—UPPER.—Pains in left arm, fore-arm, runs up into the shoulder; dragging sensation of the right arm.

EXTREMITIES—LOWER.—Cramp pain in the lower extremities, pains in the left outer ankle. A paralytic feeling in the left extremity. The lower extremities feel bruised and paralyzed. The lower limbs have a tendency to draw backwards with the back, giving great relief to the extremities. Constrictive painless sensation.

BACK.—Drawing in the back left side of, drawing pain in the back, the back feels bruised.

The most of these symptoms were produced on myself by taking Picrotoxin for five days. I became alarmed, and resorted to Camphor, Chloroform and Opium combined, to give relief to the violent sore pains in the bowels attended with diarrhœa and dysentery, with large and frequent discharges of urine. I will take no more as an experiment. I would advise great caution in the use of the remedy.

With respect to doses I have no confidence beyond the thirtieth in the treatment of diseases. In violent acute diseases, and in all others, I have long since adopted Dr. Sharpe's views of the dose: "That the action of doses of drugs is governed by law; and that for the practical use of them in prescribing medicines for the sick they may be arranged in three classes."

"1st. A series of small doses, having one action in a certain direction."

"2d. A series of large doses, having, also, one action, but in an opposite direction."

"3d. A series of middle doses, with both these actions."

I would most earnestly recommend the use of Picrotoxin in insanity and epilepsy.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

DISEASES OF THE EYE.

DIV. V.—OPTICAL AIDS AND TESTS.

Before entering upon the description of the anomalies of refraction, accommodation, and other functional disturbances of the eye, it will be best to devote a few paragraphs to the consideration of some of the more important of the optical aids and tests relating to their discovery and correction.

1.—THE OPHTHALMOSCOPE.

The reason that the pupil of a healthy eye usually appears black, is not because all the rays of light that enter it are absorbed, for some of them are always reflected, but because the reflected rays, instead of returning to the eye of the observer, are, in consequence of the refractive power of the dioptric media, reflected back to exactly the point from whence they came; that is, the incident and reflected rays exactly coincide. In order, therefore, that the eye of the observer should catch the returning rays, it must be placed between the source of light and the eye under examination, and this, in consequence of the interposition of the observer, cannot be done without intercepting the illuminating rays. Moreover, it must be remembered that the examiner will be unable to perceive light emanating from the eye of another person, when the latter is exactly accommodated for the eye of

the observer, since only a dark image will be formed on the retina of the eye under examination, and hence only a reflection of this dark portion of the retina can be returned to the eye of the observer.

In order, therefore, that the interior of the eye may be distinctly seen, it is necessary (1) that it be sufficiently illuminated; (2) that the eye of the observer be situated in the direction of the reflected or emergent rays; and (3) that these rays, which are convergent, be rendered divergent or parallel. Now, Prof. Helmholtz found that all this could be accomplished by simply allowing the light of a lamp to fall on a polished plate of glass, in such a manner as to reflect the rays into the eye to be examined, and then, after having made the convergent rays divergent by means of a concave lens, placing himself on the other side of the glass plate, so as to catch the emergent rays as they passed through it. But this, the first and simplest form of the ophthalmoscope, is now seldom employed; highly polished mirrors, which possess much greater illuminating power, having been substituted for the glass plate. These mirrors are provided with a small aperture in the centre through which the returning rays reach the eye of the observer.

As our object is merely to illustrate the principle of its action, and not to describe with particularity the various forms of the instrument, we will simply add, that ophthalmoscopes, as now constructed, may be divided into four different classes. 1. The portable or hand ophthalmoscope, of which we have three distinct forms, namely, (*a*) Liebreich's, which consists of a slightly concave metallic mirror, attached to a convenient handle, and provided with a small bracket or clip for holding a convex or concave lens; (*b*) the ophthalmoscope of Coccius, which consists of a plane mirror combined with a double convex collecting lens; and (*c*) the ophthalmoscope of Zehender, which differs from that of Coccius in being provided

with a slightly convex mirror, instead of a plane one. 2. The fixed ophthalmoscopes, which are especially suited for class demonstrations, as their successful use does not depend on the dexterity of the observer. 3. The binocular ophthalmoscopes, by which we are enabled to use both eyes at once, and thus, by obtaining a stereoscopic view of the fundus, readily distinguish any change of surface on the retina and optic disc. 4. The aut-ophthalmoscope, by which the observer is enabled to examine the interior of his own eye. Of these, the most useful for the general practitioner is the ophthalmoscope of Coccius, which possesses the following advantages over that of Liebreich, which is the one in most common use:—first, we can more fully concentrate the light upon any given part of the fundus; secondly, we can readily increase or diminish the focal distance and illuminating power of the mirror; thirdly, we can generally obtain a much better view of the fundus through a contracted or natural sized pupil, in consequence of the corneal reflex being considerably less; and, fourthly, it is far better adapted for the direct method of examination.

MANNER OF USING THE OPHTHALMOSCOPE.

1. *Indirect Method.*—The examination of the inverted image, or the indirect method, as it is called, is conducted by seating the patient in a darkened room, with a lamp placed by the side of and a little behind the eye to be examined. The surgeon then seats himself in front of the patient, and holding the ophthalmoscope in his right hand, places the aperture of the mirror close to his eye, directing the instrument in such a manner as to cast the reflection of the flame directly into the pupil. To be able to do this with facility, and at the same time keep the eye well illuminated while conducting the examination, requires considerable care and experience, as the slightest movement of the mirror is liable to throw the reflection far

away from the pupil. Having illuminated the eye, the surgeon takes the rim of the object lens between the forefinger and thumb of his left hand, and holding the lens from two to three inches from the patient's eye, according to its focal length, at the same time steadying the hand by placing one of his fingers upon the edge of the orbit, he endeavors to obtain an ophthalmoscopic view of the fundus. This is somewhat difficult for the beginner, who is apt while adjusting the lens to displace the mirror; and it is not until he learns to use the hands independently of each other that he can make a proper examination of the eye. He then finds that the rays of light reflected from the fundus, after passing through the lens, form an inverted image. If the eye of the observer is presbyopic or hypermetropic, the image is rendered more distinct by using a convex glass in the clip behind the mirror. The same is true if the eye of the patient is hypermetropic. If the observer wishes to gain a view of the optic disc, he should direct the patient to look toward his (the surgeon's) right ear, if the right eye is under examination, and *vice versa*, in order that the axis of vision may be turned slightly inwards, so as to bring the optic nerve entrance directly behind the pupil. If the patient looks straight forwards, the surgeon will see the region of the macula lutea, which is distinguished by being of a slightly darker color than the rest of the fundus, and without any appearance of blood-vessels passing over it. The ophthalmoscopic appearance of the optic papilla has already been given (see Fig. 10). The color of the fundus of the normal eye differs according to the complexion of the individual. In light-complexioned persons it is light or yellowish-red, while in persons of dark complexion it is dark red.

2. *Direct Method*.—If the examination be made without the lens in the left hand, the image will be erect and much larger than when made by the indirect method. As perfect relaxation of the accommodation is required in order to render

the emergent rays parallel, and as this is difficult to obtain without the use of Atropine, in consequence of the close approximation of the patient to the observer leading him, notwithstanding he is directed to look at some distant object, to accommodate for a much nearer point, it is advisable to dilate the pupil with Atropine, as this secures at once the needed relaxation, and at the same time increases the size of the field of vision, and also facilitates the illumination of the fundus. The lamp should be placed on the side and a little behind the plane of the eye under examination, the surgeon seating himself on the same side and examining with the corresponding eye—that is, using the right eye for the right eye of the patient, and *vice versa*. If the image is indistinct, either in consequence of the surgeon being unable to fully relax his own accommodation, or in consequence of his eye or that of the patient being myopic, he will find it necessary to use a concave lens in order to render the rays parallel. But, if the eye of one is myopic, while that of the other is hypermetropic, the difference in the refractive power of the two eyes may be so far neutralized as to enable the surgeon, by using his accommodation, to examine without the aid of a concave lens. As every ophthalmoscope is supplied with a series of these lenses, of different focal lengths, fitting into the bracket or clip behind the mirror, the surgeon will have no difficulty in selecting one to suit the condition of his own and the patient's eyes, whether emmetropic, myopic or hypermetropic.

The advantages afforded by the direct method of examination are (1) that we are enabled to ascertain the optical condition of the eye independent of its visual power, or of the statements of the patient; and (2) that we are enabled to measure definitely the amount of elevation or depression of any portion of the fundus; such, for example, as the amount of excavation of the optic disc, the height of tumors, the amount of swelling in the retina, etc. On the other hand, the field of vision is more

limited, and the examination more difficult, than by the indirect method, the employment of which renders all nice distinctions as to myopia, hypermetropia, and the state of the accommodation unnecessary—conditions which must always be taken into the account in searching for the retinal image by the direct method.

2.—LATERAL OR OBLIQUE ILLUMINATION.

This method of exploring the anterior and central portions of the globe is best conducted in a darkened room. The light is placed in the same position with respect to the patient's head as in the ophthalmoscopic examination. A double convex lens is then held between the lamp and the eye to be examined, in such a manner as to concentrate the light upon any portion of the cornea, iris, crystalline lens, or vitreous, that the surgeon desires to illuminate. We may obtain a magnified image of these parts, and thus give greater clearness to the details, by holding a second bi-convex lens immediately in front of the eye—that is, directly between the patient's eye and our own. In this manner we may detect slight opacities or irregularities in the cornea which would otherwise escape notice, examine minutely the texture and condition of the iris, discover the faintest traces of cataract, or the presence of foreign bodies in the anterior chamber, observe various morbid changes in the vitreous, hemorrhagic effusions, floating opacities, etc., and, in some cases, the projecting folds of a detached retina. It will thus be seen that lateral illumination is oftentimes no mean substitute for the ophthalmoscope, while the ease and rapidity with which it may be employed renders it doubly valuable as a means of detecting many diseased conditions. A good rule, therefore, and one that is generally observed in practice, is to begin the examination with oblique illumination, and, if there is any remaining obscurity about the case, to clear up the diagnosis with the ophthalmoscope.

3.—SPECTACLES.

These are generally employed for the purpose of correcting such optical defects as cannot otherwise be rectified. They consist of convex spherical lenses for the correction of hypermetropia, concave spherical for myopia, cylindrical for astigmatism, and a combination of both spherical and cylindrical for complicated forms of ametropia. Besides these we have the following special forms and combinations :

Pantoscopic Spectacles, termed by the French *verres a double foyer*, consist of lenses the upper and lower half of which have different foci. They are especially useful where the presbyopia is combined with myopia or hypermetropia. In the former case the upper half should be concave to neutralize the myopia, and the lower half convex to neutralize the presbyopia.

Periscopic Spectacles, consisting of concavo-convex glasses, are constructed for the purpose of reducing the spherical aberration to a minimum. When the concave surface is towards the eye, the image is less distorted, on account of there being less irregular refraction at the periphery of the lenses ; consequently, the observer is enabled to look more obliquely through them.

Prismatic Spectacles, the glasses of which are ground either in the form of prisms, or of prisms and lenses combined, are used for relieving or strengthening certain muscles of the globe. The bases of the prisms are generally turned inwards, for the purpose of relieving the internal recti muscles. (See *Muscular Asthenopia*). The same object may be accomplished by what are called *decentered lenses*. These are so constructed as to throw the centre a little to the inner side of the visual axis in convex lenses, and to the outer side in concave glasses, thus producing a slight prismatic effect.

Cataract Spectacles consist of convex lenses of great refractive power. The eye having lost the power of accom-

modation, two sets will be required, one for near objects, of about two and a half inches focal length, and the other of about four and a half inch focus for distant objects. The glasses should be small, as large ones, by admitting too much light, generally cause more or less dazzling. They are, of course, adapted to every form of aphakia.

Stenopaic Spectacles are constructed for the purpose of excluding the peripheral, and permitting only the central rays of light to enter the eye. For this purpose, metallic plates with small central apertures are used in place of glasses. They increase the sharpness of vision for near objects, and are also useful in opacity of the cornea, but as they contract the field of vision, they are not adapted for distant objects.

Protective Spectacles, or eye protectors, are composed of variously colored glasses, amber, brown, grey, blue, green, etc. The majority of ophthalmologists recommend blue glasses, as these exclude the orange rays, which are the most irritating to the retina; but Dr. Dobrowolski, of St. Petersburg, gives the preference to grey or smoke-colored glasses. He argues that in attempting to shield the eyes from too bright a light, we should employ glasses which will diminish equally all the rays which constitute sun-light, and not confine the patient to blue glasses, which only exclude the yellow rays, nor to green ones, which only protect the eye from the red rays, but should use the grey or smoked glasses, which not only diminish the passage of all the rays, but also enable the eye to readily accommodate itself again to ordinary sunlight, a matter of some difficulty after wearing the blue spectacles.*

The most convenient instrument for ascertaining the focal strength of lenses, is formed on the model of the ordinary measuring stick used by shoemakers. The stationary upright, or toe piece, is fitted to receive the lens, and the movable upright, or heel piece, has attached to it a card on which are

small printed letters. Placing the card at the focal distance required, the power of glasses is readily ascertained by changing the lenses until a suitable one is found, or by selecting another lens which, placed before the first, will render the letters distinct, and then adding or subtracting its power.

4.—TEST TYPES.

In order to have some generally accepted standard by which the range and acuteness of vision may be readily ascertained, and referred to in published cases, Prof. Jaeger, Dr. Snellen, and others, have published different series of test letters. Those of Jaeger begin with the smallest type used in printing, and gradually increase to letters of a size to be easily distinguished by a normal eye at a distance of twenty feet. Dr. Snellen's test types extend the scale, by means of letters made up of squares, to two hundred Paris feet. These two scales, which are the ones in general use, do not exactly correspond, that is to say, No. 20 Jaeger does not represent precisely the same point in the scale as Snellen, XX, and hence it is best to specify the particular scale employed in the test when the lower Nos. are used.

Figures are placed above each series of letters, indicating the distance, in feet, at which they may be read by a normal eye. Thus, No. 10 should be read with ease at a distance of ten feet; but if it can be read only at a distance of five feet, we say V, which expresses the acuteness of vision,

$$= \frac{5}{10} = \frac{1}{2}.$$

If No. 18, which should be read by an emmetropic eye at eighteen feet, can be read only at a distance of twelve feet, we say

$$V = \frac{12}{18} = \frac{2}{3}.$$

The numerical values found in this manner do not always accurately represent the acuteness of vision, although sufficiently precise for all practical purposes. For example, a sharpness of

$$\frac{6}{18}, \frac{4}{12} \text{ or } \frac{3}{9}.$$

is not necessarily the same as $\frac{1}{3}$; for eyes that see No. 18 at six feet, may not see No. 9 distinctly at three feet, or No. 3 at one foot. Hence, as Stellwag points out, if we would represent accurately the state of vision, we must avoid all reduction of the fraction.

DIV. VI.—FUNCTIONAL DISEASES.

The diseases which we propose to consider in this section, are those functional disorders immediately influencing the accommodation, more especially asthenopia, and paralysis and spasm of the ciliary muscle; those of refraction, namely myopia, hypermetropia and astigmatism; those affecting the optic nerve and retina, particularly hyperæsthesia, anæsthesia, amblyopia, hemeralopia, and amaurosis; and those involving the ocular muscles, especially nystagmus and strabismus. Assuming that the reader is already sufficiently acquainted with the refractive properties of the different kinds of lenses, we shall proceed at once to consider

1.—THE THEORY OF ACCOMMODATION.

It is assumed, in the first place, that all rays emanating from distant objects, by which is meant all objects at or beyond twenty feet from the observer, are parallel; that is, the divergence being too slight to be taken into account, the objects are considered as if they were placed at an infinite distance. Such rays the refractive media of an emmetropic eye, when in a state of rest, are adapted to bring to a focus upon its retina, and thus to produce distinct images of the objects from which they emanate. The eye is then said to be accommodated for its far point, (*punctum remotissimum*), denoted by the letter *r*. Being thus adjusted for parallel rays, the normal eye perceives distant objects without any effort of the accommodation. And since the more distant the object the more nearly are the rays from it rendered parallel, it follows that the furthest point of distinct vision must be at an infinite distance.

But if the rays, instead of being parallel, are very divergent, as in the case of very near objects, the state of refraction of the normal eye is such that they can only be brought to a

focus *behind* the retina, unless it can increase the amount of refraction sufficiently to focus them *upon* the retina. Now the normal eye is provided with an apparatus by which it is enabled, intuitively and unconsciously, to increase or diminish at pleasure the amount of its refraction, and thus to adjust itself for near vision. When thus adjusted, the eye is said to be accommodated for its near point, (*punctum proximum*), denoted by the letter p .

The distance between these two points is called the range of accommodation, and is expressed by the letter A . In the youthful emmetropic eye, it extends from about three and a half or four inches, the nearest point of distinct vision, to the furthest point, which, as we have seen, lies at an infinite distance. Anywhere between these points objects may be distinctly seen; but beyond the point for which the eye is accommodated, circles of dispersion are formed upon the retina, and the images appear blurred.

If, as proposed by Prof. Donders, the range of accommodation be expressed by $\frac{1}{A}$, the distance of the near point (p) from the eye, measured from the nodal point, by $\frac{1}{P}$, and that of the far point (r) by $\frac{1}{R}$, its value in any particular case may be readily determined by the formula

$$\frac{1}{A} = \frac{1}{P} - \frac{1}{R}.$$

Thus, in an emmetropic eye, if the nearest point at which vision is distinct is 5", and the furthest point is an infinite distance, ∞ , we have by the above formula

$$\frac{1}{A} = \frac{1}{5} - \frac{1}{\infty} = \frac{1}{5}.$$

Here the range of accommodation is represented by what is called a 5 inch lens; that is, it would require a convex lens of five inches focus to be placed before the eye, to render the rays coming from an object placed at the near point (5") parallel, or what is the same thing, give them the direction they would have if the object were situated at an infinite distance.

The theory of accommodation upon which these con-

clusions are based, and which is now generally accepted as the true one, though ably advocated by Thomas Young as early as the beginning of the present century, did not receive a full and satisfactory demonstration until Cramer and Helmholtz, working independently of each other, furnished, by means of ingeniously devised instruments, incontestable proof of the alterations of curvature in the crystalline lens, when the eye is accommodated for near and distant objects, and at the same time proved that no change occurs in the curvature of the cornea.

The changes in question may be readily demonstrated, ocularly, by placing a lighted candle at a certain distance to the right of a given fixed point, P, towards which the observed eye is steadily directed, while the eye of the observer is situated at an equal distance to the left of the same point.

FIG. 18.

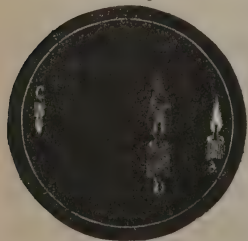


A.=r.

Fig. 18, representing the pupil of an eye thus observed in a state of rest, (*r*), shows the three images formed by reflection from the cornea, (*a*), anterior capsule, (*b*), and posterior capsule, (*c*). Fig. 19 shows the same eye in a state of accommodation for the near point, (*p*); the

pupil is somewhat contracted, as shown by the circular white line, and the image forms by the anterior capsule, (*b*), is found to be changed both in size and position. The image is

FIG. 19.



A.=p.

rendered smaller in consequence of the increased curvature of the anterior surface of the lens, which forms a convex reflector of less radius. The change of position is due to the projection forward of the reflecting surface, in consequence of the lens being increased in thickness

during accommodation. The other images have undergone

no perceptible change, showing that neither the curvature of the cornea, nor the curvature or position of the posterior surface of the lens, undergo any perceptible change during accommodation.

FIG. 20.



IN FULL ACCOM.

EYE AT REST.

Fig. 20 illustrates the changes which occur during accommodation. The right half of the figure represents the eye in a state of rest, *i. e.*, when accommodated for distance; the left half shows it when fully accommodated for near vision. The relative difference in curvature of the anterior surface of the lens, on the two sides, corresponds very closely with the measurements of Cramer and Helmholtz. According to the latter, the changes that occur during accommodation for near objects are, (1) contraction of the pupil; (2) the pupillary margin of the iris is pushed forward; (3) the peripheral portion of the iris moves backwards. (4) the anterior surface of the lens becomes more convex, and is arched forward, so as to render the lens considerably thicker in the antero-posterior diameter, and give it much greater refractive power; (5) the posterior surface of the lens is also rendered more convex, but not to such a degree as to cause any perceptible change in its position.

It was formerly supposed that whilst the chief influence concerned in the function of accommodation is exerted through the action of the ciliary muscle, the iris also materially assists

in the process; but as the accommodation has since been found to remain unimpaired, in a case in which the entire iris was removed after an accident, there can no longer be any room for doubt that the change in the form of the lens is wholly due to the action of the ciliary muscle. But the manner in which the muscle causes the change in question has not yet been satisfactorily answered. The most probable explanation is, that, so long as the ciliary muscles continue passive, the lens remains in its usual condition; but as soon as the muscle contracts the suspensory ligament becomes relaxed, and the lens then increases its convexity by virtue of its own elasticity.

Another factor in the process of accommodation was, until recently, supposed to exist in the action of the internal recti muscles, in causing the necessary convergence of the optic axes for binocular vision; but a case of Von Graefe's, in which all the external muscles of both eyes were completely paralyzed, and yet the power of accommodation remained unimpaired, clearly proves the contrary.

It is thus seen that refraction and accommodation are two entirely different processes. The former is a passive condition, depending wholly upon the focusing power of the dioptric apparatus, which is chiefly due to the form of the eye and of its different refracting media. In these respects the eye does not essentially differ from any other optical instrument, the images being formed agreeably to the well-known laws of optics. Accommodation, on the other hand, is a purely physiological process, being the result of muscular or vital action, and is none the less real in consequence of being, for the most part, unconsciously and involuntarily performed.

That the focusing power of the crystalline lens is controlled by the action of the ciliary muscle, is clearly proven by the suspension of the function whenever paralysis of the muscle occurs from disease, or whenever it is artificially induced by the action of Atropine.

2.—ANOMALIES OF ACCOMMODATION.

Having shown that the function of accommodation is dependent upon the action of the ciliary muscle, it remains to consider the principal causes which are known to limit or disturb the process. These are, (1), *presbyopia*, which is a limitation of the function due to advancing age; (2), *paralysis of the ciliary muscle*, which is occasionally met with after severe illness; and, (3), *spasm of the ciliary muscle*, which is frequently the result of over-working the muscle in accommodation.

A.—Presbyopia.

This affection, which was formally supposed to arise from deficient refractive power, is now known to have very little effect upon distant vision, the actual change consisting in the recession of the near point, and consequently in a limitation of the range of accommodation. This removal of the near point from the eye, is caused by senile changes in the crystalline lens, whereby its hardness is increased, so that its form becomes less and less susceptible of alteration from the action of the ciliary muscle, and hence the function of accommodation correspondently impaired. As this increase in the density of the crystalline is a purely physiological process, it may commence at any age, and may affect both emmetropic and ametropic eyes. In point of fact, it is found to begin very early, gradually increasing with advancing years, until, at the age of forty or forty-five, the near point is at eight inches from the eye, the distance which, for the sake of definiteness, has been selected as the limit from which to reckon the commencement of presbyopia. As age advances the refractive power of the lens also suffers, so that the eye not only becomes presbyopic, but hypermetropic.

As presbyopia diminishes the range of accommodation, it cannot be of benefit, as is frequently supposed, to the myopic eye. It is true, the senile changes in the refractive power of the lens will have a slight tendency to diminish the myopia, and if moderate may serve to correct it; but as the far point remains pretty much the same, the only effect will be to shorten the range of adaptation, which is already greatly reduced by the approximation of the far point. Presbyopia supervening upon hypermetropia is, of course, still more serious, loss of accommodation being added to diminished refraction.

Since no effort of the ciliary muscle will render the lens sufficiently convex for near vision, it should be aided by suitable glasses. The patient should be advised to commence their use as soon as the presbyopia begins to be noticed, and not postpone wearing them under the mistaken notion that he may thereby be enabled to dispense with them altogether, for this will necessarily fatigue and strain the accommodative apparatus, and may possibly result in even more serious disability.

The strength of the required glasses may be easily found from the formula

$$Pr = \frac{1}{8} - \frac{1}{p'}$$

where Pr denotes the degree of presbyopia, 8" the presbyopic near point, and p' the observed power of the presbyopic eye. For example, if we find the nearest point of distinct vision to be twenty-four inches, then the value of Pr will be

$$Pr = \frac{1}{8} - \frac{1}{24} = \frac{1}{12};$$

that is, it will take a convex lens of twelve inches focal length to neutralize the presbyopia, and enable the patient to see clearly at the distance of eight inches.

If the presbyopia is complicated with myopia or hypermetropia, it may become necessary to supply the patient with two sets of glasses, the myope with convex glasses for small

objects, to remedy the loss of accommodation, and concave glasses for distance, to neutralize the increased refraction ; while the hypermetrope will require two pair of convex glasses, one for near vision, to compensate for deficient refractive power and the loss of accommodation, and the other far distant vision, to neutralize the hypermetropia.

To ascertain the range of accommodation for presbyopic eyes, we may make use of the formula already given, namely,

$$\frac{1}{A} = \frac{1}{P} - \frac{1}{R}.$$

Thus, if the near point (p) be at fifteen inches, and the far point (r) at infinite distance (∞), we have

$$\frac{1}{A} = \frac{1}{15} - \frac{1}{\infty} = \frac{1}{15}.$$

In choosing glasses it is well not to be governed too rigidly by Donder's near point (8"); but to be influenced to some extent by the distance at which the patient has been accustomed to read or sew. If this has been at a considerable distance, it will be more convenient not to have the near point brought within ten or twelve inches. We should also be guided in this matter by the range of accommodation. If this is large, we may, if the patient prefers, bring the near point to eight inches, or even less if the sharpness of vision is diminished ; but if the range of accommodation is greatly lessened, weaker glasses should be selected, as these will be less fatiguing to the eye ; such, for example, as will enable the patient to read No. 1 of the test types at about twelve inches.

B.—Paralysis of the Ciliary Muscle.

This affection, which is not of very frequent occurrence, sometimes follows exhausting diseases, especially diphtheria. Paresis, or partial paralysis, is occasionally associated with general atony of the muscular system, and is then apt to be mistaken for amblyopia depending upon general debility.

As the paralysis lessens or destroys the power of accom-

modation, emmetropic eyes are unable to accurately distinguish near objects, though their ability to see distinctly at a distance is not impaired. But its effect upon vision is most marked in hypermetropic eyes, as these are obliged to exercise the function of accommodation even at a distance, and consequently lose the power of seeing any object with distinctness, whether near or remote. The myope, on the contrary, only becomes aware of the defect when looking at very near objects. If the paralysis is incomplete, these effects will, of course, be less considerable. In the latter case the symptoms may be mistaken for those of asthenopia, unless the range of accommodation is also examined. This is all the more necessary in these cases, because, in simple paresis, the contractility of the pupil and the various movements of the globe generally remain unimpaired; whereas in complete paralysis of the accommodation there is almost always dilatation of the pupil and divergent strabismus.

TREATMENT.—This consists chiefly in perfect rest of the eyes, and the employment of such hygienic measures as are best calculated to invigorate the general system. If the patient is obliged to exercise his accommodation, he should be supplied with such convex glasses as will enable him to see distinctly without exertion, being careful to gradually diminish the strength of the lenses, in proportion as the accommodative faculty improves.

The remedies which have hitherto proven most beneficial in this affection are: Caust., Physostig. ven. (used externally), and electricity; good results have also been obtained in some cases from the internal administration of Arg. nit., Arn., Cup. acet., Euph., Gels., Kali iod., Opium, Paris q., and Rhus tox.

C.—Spasm of the Ciliary Muscle.

This is not, as was formerly supposed, a very rare affection, being sometimes associated with both myopia and hypermetropia. It is most frequently met with in young subjects who

have strained their eyes in reading or fine work, the spasm being the result of over-tasking the ciliary muscle, in accommodating the eye for near objects. This causes an apparent myopia, so that the patient sees better through concave glasses; but if we paralyze the ciliary muscle by means of Atropine, we shall generally find that the eye is really hypermetropic. Such persons perceive distant objects very indistinctly; and although near objects may be seen clearly for a short time, the effort at accommodation soon fatigues the eye. The pupil is generally contracted; and the iris is bulged forward by the increased curvature of the lens. If we examine with the ophthalmoscope, we shall find that the refraction is highly hypermetropic, and that the optic disc and retina are more or less hyperæmic; there is also, not unfrequently, a co-existing posterior staphyloma.

TREATMENT.—The most speedy and effective treatment consists in completely paralyzing the ciliary muscle with Atropine. For this purpose we require a strong solution, say four or five grains to the ounce, which should be used three or four times daily, until the spasm is entirely overcome. If it returns we should enjoin complete rest of the eye, and endeavor to improve the general health by regular out-door exercise, and other hygienic means. If necessary, we should prescribe strong convex glasses for near objects, and weak ones for distance, the regular use of which will diminish the spasm by producing complete rest of the accommodation. Internally, we obtain the best result from the *Physostigma ven.*

3.—ANOMALIES OF REFRACTION.

An emmetropic eye is one whose dioptric media possess a refractive power just sufficient, when the accommodation is at rest, to form well-defined images of distant objects upon the retina; it also possesses the power of increasing or diminishing

the refraction at pleasure, thus adapting itself to distinct vision at any distance. But there are eyes which do not possess these optically normal powers, namely, those in which the optic axis is too long, constituting *myopia*; those in which it is too short, producing *hypermetropia*; and those in which the cornea or lens have an unequal curvature in different meridians, giving rise to *astigmatism*.

A.—Myopia.

NEAR-SIGHTEDNESS.

We have already remarked, that in the myopic eye parallel rays are brought to a focus before reaching the retina. This optical defect is due to the refractive power of the eye being relatively in excess; that is, although the refractive power may not be too high for a normally constructed eye, it is so in relation to the myopic eye, the antero-posterior axis of which is too long. It was formerly supposed that in myopia the cornea or lens was too convex, or that the latter was misplaced; but exact measurements have shown this not to be the case, and that the lengthening of the optic axis is due to a bulging of the posterior portion of the globe, in consequence of which the retina is situated too far back of the lens and cornea. The consequence of this displacement is, that while divergent rays, or those coming from near objects, may be brought to a focus upon the retina, and thus afford distinct vision when the accommodation is at rest, parallel rays, or those coming from distant objects, form upon that membrane greater or less circles of dispersion, which render the images indistinct. It does not necessarily follow, however, that because a patient holds small objects very near to his eyes, or because he cannot see well at a distance, he is myopic, as similar symptoms may occur in hypermetropia. But if, in proportion as the object is removed from the eye, the vision becomes rapidly indistinct,

and there is no other apparent cause, we may strongly suspect the existence of myopia ; and if the vision is greatly improved by the use of weak concave lenses—say of thirty or forty inches focus—the myopic condition is rendered almost certain. But, as slight changes in refraction may be overcome by the accommodative power, and also by extreme degrees of myopia, it is better to ascertain at once the far point, and then, by placing concave glasses of the corresponding number before the patient's eyes, he will, if myopic, be able to see clearly at a distance, and there will no longer be any doubt.

We may also determine the existence of myopia with the ophthalmoscope. If we make use of the direct method of examination, we may be able to perceive the details of the fundus at some distance from the eye, and if we move our head to either side, we shall find that the retinal image moves exactly in the contrary direction. But in order to obtain a distinct image of the fundus, we shall, if the eye is strongly myopic, require a concave correcting lens behind the mirror. We shall now probably discover that the malformed eye is also a diseased one, there being, in the majority of cases, a greater or less degree of posterior staphyloma. This condition, which exists chiefly in progressive myopia, is generally associated with a sclero-choroiditis posterior. If the myopia is stationary, or but slowly progressive, it causes but little inconvenience in reading, sewing, etc ; but if rapidly progressive, it is apt, in consequence of the choroiditis, to be accompanied with symptoms of high irritation and inflammation, and may even prove a source of great danger to the eye. (See *Sclero-choroiditis Posterior*.)

Myopia is frequently congenital, and sometimes hereditary, but the researches of Dr. Cohn and others show that, in all probability, it is very often acquired. Dr. Cohn found that, of one hundred and thirty-two compositors, more than half (51, 5 per cent.) were myopic ; and of the sixty-eight myopes, not

less than fifty-one (75 per cent.) were possessed of normal vision in early life. It is almost certain that the continuous use of the eyes for near objects, especially by the young, is a fruitful cause, if not of the origin of myopia, at least of its development. Out of ten thousand and sixty school children examined, this investigator found one thousand and four myopes, the proportion increasing in the higher departments, according to the increased demand for study. Thus, of the four hundred and ten students in the University of Breslau nearly two-thirds were affected with a greater or less degree of myopia.

TREATMENT.—This will vary according as the myopia is stationary or progressive. The latter, if marked, and especially if occurring in youthful subjects, will require similar treatment to that recommended for *Sclero-choroiditis Posterior* (which see). But if stationary, or if the progress is too slow to be perceptible, and especially if it does not give rise to any marked inflammatory symptoms, no preliminary medical treatment will be called for, and we may immediately proceed to select the requisite glasses.

It is very important that the strength of the glasses required for correcting the refraction should be determined with the greatest accuracy. As the degree of myopia (M.) is measured by the far point (r.) for distinct vision, we first determine, by means of the test types, the furthest point at which the patient can clearly distinguish the letters. For example, if he reads No. 1 with facility at one foot, but is unable to distinguish No. 2 clearly at two feet, or No. 3 at three feet, and so on, and yet is able to read No. 2 easily, say at twenty inches, we represent the degree of myopia by the formula,

$$M = \frac{1}{20},$$

twenty inches being the furthest point at which vision is distinct; it will, therefore, require a concave lens of twenty inches focus to neutralize the myopia. But, although No. 20 is theo-

retically the proper glass, it is rarely the case that the strength can be accurately determined in this manner; as a general rule the glass will be found somewhat too strong, and will require to be corrected by subtracting the power of the weak *convex* lens necessary to correct it. On the other hand, if the original glass is too weak, we should add the power of the weak *concave* lens required to give it the appropriate strength. The correction is made according to the following formula :

$$x = \frac{a \pm b}{ab},$$

that is, the power of the required lens (x) is equal to the sum or difference of the powers of the two lenses divided by their product. Take, for example, the case above cited. We first try the patient with a pair of 20-inch concave glasses, and direct him to read, say No. XX. Snellen at twenty feet. He will no doubt notice at once a marked improvement in his vision. We now place in front of the former glasses a very weak pair, say No. 60 *concave*, and, if his vision is still further improved, the original pair are too weak. Suppose that upon repeated trial this No. 60 concave is found to be the best corrective of the first pair of glasses, then, according to the formula

$$x = \frac{a \pm b}{ab} = \frac{20 + 60}{20 \times 60} = \frac{1}{15},$$

which gives concave 15 as the proper glass. But suppose, instead of a No. 60 concave, it takes a No. 60 *convex* to render distant vision distinct through the original glasses. This proves that the latter are too strong, and we have

$$x = \frac{a \pm b}{ab} = \frac{60 - 20}{60 \times 20} = \frac{1}{30},$$

Showing that only a concave 30 would be required to correct the myopia.*

*Convex lenses are generally designated by the positive or + sign, and concave lenses by the negative or - sign. If two or more are used in conjunction, the power of the compound lens will be represented by their sum, if the signs are alike, and by their difference, if unlike.

If the patient wishes to procure glasses for some special purpose, such as reading music, he will need a pair of less power than those required for distant vision. For example, if his myopia $=\frac{1}{6}$, and he wishes to read at twenty-four inches, the formula will be

$$-\frac{1}{6} + \frac{1}{24} = -\frac{1}{8};$$

Hence a concave 8 will be required.

In order to decide the question as to whether or not it will be proper to allow the use of glasses for near objects, it will be necessary to determine the range of accommodation. For this purpose, we may make use of the method already given; that is, we first find the nearest and furthest point at which No. 1 of the test types can be clearly distinguished, and then deduct one from the other, according to the formula

$$\frac{1}{A} = \frac{1}{P} - \frac{1}{R},$$

For example, suppose the far point is at eight and the near point at two inches; then we have

$$\frac{1}{A} = \frac{1}{2} - \frac{1}{8} = \frac{1}{2\frac{2}{3}}$$

But this method is less certain than that of Prof. Donders, which only requires the patient to accommodate for his far point. Having first neutralized the myopia, which is done by using such concave glasses as render distant objects distinct (No. 20 at twenty feet), the near point is ascertained by requiring the patient to read No. 1 of the test types. Suppose this point is found to be at three inches; then, as $r=\infty$, and $p=3$ ", we have

$$\frac{1}{A} = \frac{1}{3} - \frac{1}{\infty} = \frac{1}{3}.$$

If only one pair of glasses is used, it is safest to wear those which do not quite neutralize the myopia. If of full strength they will be too strong for near vision, and will be likely to overtask the accommodation. To prevent this, the confirmed myope generally employs only one eye for near objects, and thus avoids the convergence of the optic axes required in binocular vision. But this leads insensibly to a still greater evil, namely, divergent strabismus, which is found to be of very frequent occurrence in myopia. We should be careful, therefore, to follow the advice of Prof. Donders, and prescribe only "spectacles so weak as to avoid these results."

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

PYÆMIA.

READ BEFORE THE DETROIT INSTITUTE OF HOMŒOPATHY.
BY J. G. GILCHRIST, M. D.

Pyæmia, or purulent infection, as it was formerly called—is a diseased condition, that is often quoted in our text-books, as “Surgical fever;” indeed a distinguished author, in our school, has confounded the terms strangely, printing two chapters, almost identical, under a different caption. It is sufficient to state, at this time, that true surgical fever is simply febrile reaction from pre-existent shock; whilst pyæmia is a septic condition, closely resembling, at times, a low grade of typhus fever. Opinions, widely different, have obtained at various times, of the nature of this condition and its cause. Some consider it to be an admixture of pus with the blood, due to suppurative phlebitis. As an offset to this, it is quite extensively credited, that the lining membrane of the veins, the tissue chiefly implicated in phlebitis—rarely inflames and never suppurates. But it must be remembered, as an important qualification of this statement, that *all* vascular tissues are liable to inflammation, and suppuration is a natural sequence to that process.

Others assert the cause to be the formation of emboli, which soften and disintegrate, causing local congestions, suppuration, or gangrene from occlusion of vessels. Still others maintained the cause to be an absorption of septic material through the lymphatics. As long as there was a doubt as to the character of the pus cell, the mere presence of such bodies in the blood could decide nothing as to their mode of origin; but it has lately been demonstrated by Cohnheim, Frey, Beale and others, that the white-blood corpuscle, the lymph cell, and the pus globule, are one and the same thing, simply that the latter has undergone a species of fatty degeneration or metamorphosis. The typical cell is now universally called the “lymphoid corpuscle,” or leucocyte; a true amoeba, with independent powers of locomotion.

The true pathology of pyæmia is, as far as the result of investigations made by eminent observers will carry us—a blood poisoning from septic absorption; a veritable toxæmia. This introduction may be effected in various ways; an absorption of unhealthy pus, or the fluids of decomposition, through the absorbents or cut ends of veins; an introduction of similar material through the medium of flies; or from the air, through the natural channels, as the mouth, in the lungs or stomach; or the abraded surfaces of the vagina or uterus after labor. Puerperal fever, pure and simple, is pyæmia, whether there be metritis, peritonitis or both combined.

Whatever may be the true condition of the blood, we find in all these cases a low grade of fever, evident toxæmia, and a marked tendency to suppuration of an unhealthy character. After a serious accident, difficult labor, or a surgical operation, a patient whose vital powers are much depressed, either through loss of blood, shock or cachexia, may be attacked with rigors, a cessation of the purulent discharge, or lochia, or, if it had already ceased or not yet been established, the appearance of an ichorus secretion, with many symptoms of erysipelas, such as breaking down of any points of adhesion that may have been formed; flabbiness of the edges of the wound, and great or increased physical prostration.* The rigors are an exceedingly prominent symptom, and may occur with all the regularity of intermittent fever, or irregularly. They frequently continue during the whole course of the disease. Added to this we have all the symptoms of a low type of typhoid fever, with the formation of abscesses, large and small, in many parts of the body, sometimes every tissue being more or less invaded. The pyogenic tendency is the main point of difference between pyæmia and typhoid. The blood when examined microscopically presents characters that are apparently indications of extensive admixture of pus, but the truth of this is still in doubt. Most of our writers, I think, adhere to the following opinion, which is almost sufficiently well established to warrant us in claiming it as a fact.

* In the case of puerperal pyæmia, as the septicæmia of lying-in women, had better be called, extreme anæmia, with other predisposing morbid conditions, greatly favor the decomposition or rather the degeneration of the lymphoid corpuscle, and whether the exciting cause, in the form of particles of septic material, is introduced through patulous veins or by lymphatic absorption, the results are the same as regards blood contamination, the relation between the blood-vessels and the lymphatics being of the most intimate character, and to some extent complemental.

The first change observed in the veins will be the formation of clots, or emboli, formed in one of two ways. When pus is introduced into the blood, the majority of experiments go to show that it is encapsulated by the fibrine, and thus forms the nucleus for emboli. The other method is based upon the plausible hypothesis that the fibrine, through morbid processes, is partially disorganized, having lost, to some extent, its contractility, and encloses within its meshes an unusual amount of serum. In one of these methods, it would seem, the clot is formed. In which ever way, however, it is accomplished, one fact is apparent, that this occurs only subsequent to the establishment of the disease, thus making the blood condition an effect, not a cause of the morbid manifestations.

The clot being formed, in either way it is immaterial, it may be carried along in the current of the blood, or remain adherent at the point of formation. In the former case it will be ultimately arrested, either by the constantly diminishing calibre of the vein, through thickening, or plastic exudation, or the continual increase in its own size. This arrest usually occurs either at one of the valves, or at a point of bifurcation. While the center of the clot becomes measurably organized, the part of the periphery exposed to the current of the blood remains soft, and is usually of a yellowish color. While constantly growing in size, from fresh accession, particles also become detached, are carried by the blood into other vessels, become nuclei for fresh coagula, and ultimately completely block up, the smaller veins. At the same time the original embolus commences to break down in its oldest portions, the part first formed. If the vessel is *completely* occluded, this occurs at the distal side of the clot; if only partially so, in the center. The particles detached during this disintegration, are carried along in the blood, and lodge as in the other event.

We now have venous engorgement at all these points serous transudation, arrested nutrition, increased molecular disintegration of the tissue of the part, and the formation of abscess. Each succeeding abscess adds to the number of clots, and the process is thus repeated over and over again. While it is unquestionably true that in a normal condition of the system this would not be apt to occur, or

if it did would be readily disposed of without producing any widespread mischief; we must bear in mind that it is not with a healthy body we have to deal, but one already much weakened by disease, hemorrhage, or accident. Admitting that the pus may not circulate in the veins as pus, or be formed therein, one can readily trace the suppurative condition to morbid changes in the blood, which changes are probably first induced by actual toxæmia, from the introduction of septic material, this material being dead organic matter, and in no sense living organisms. So much for this point. Let me now call attention to the symptoms as they more constantly appear, in addition to those, such as rigors, previously referred to.

We find much mental disturbance; mild delirium, or apathy; the delirium is never violent, but the mental aberrations are usually continuous. There is a muddy, unhealthy complexion; diminished secretion of urine; weakness and irregularity of the pulse; a collection of sordes upon the teeth; a sweetish, nauseating odor of the breath; rapid emaciation; often dryness of the skin, which may become moist and clammy later, indicating a fatal termination. The eyes look dull and lifeless; abscesses form in different parts of the body; bed sores and other symptoms of profound vital depression appear. There is usually little, if any, thirst; the patient seems to be without wants. The surface temperature is lowered, and in all respects should the case occur idiopathically, you would have a case of typhoid, or rather, ship-fever.

The *treatment* will not ordinarily differ from cases of fever of a similiar character. We must remember, however, that we have, in surgical practice, a traumatic cause to consider, and can often trace the invasion of the disease to known agents. Under circumstances of this kind, the remedy which should be placed first upon our list, and which will nearly always be more or less indicated, is *Arsenicum*, as a remedy of next importance, remember *Rhus*, or *Silicea*. The indications are sufficiently well known, and a mere reference to the remedies will be sufficient. We must remember, however, that the more rapid the progress, the more profound the depression and prostration, the stronger are the indications for *Arsenic*. Indeed in a large majority of cases this one remedy will be found able to fill all the requirements. With *Rhus*., *Carbo veg.*, *Sil.*, *Bapt.*, *Lach.*, and perhaps *Mercurius*, we need fear a fatal result in few cases of the idiopathic or puerperal form. In surgical practice, for obvious reasons, the outlook is far more serious.

A LOST ART IN SURGERY.*

But if this lost art of cleanliness is to be restored, how is it to be accomplished? The moral accountability for the disastrous results likely to follow the want of cleanly precautions in wards, seems to me to rest on the surgeon himself. It is for him, reverently realizing the functions of his high office, to point out the way. To accomplish the desired end, the exact duties in this regard, of surgeons, internes and nurses should be definitely enjoined. The surgeon should then hold his interne to a rigid daily accountability, and he in turn should narrowly watch the nurses. All causes for complaint of neglected duties to be instantly reported to the surgeon, and if not within his province to correct, to be reported by him to the hospital authorities. These details have seemed to me so absolutely essential, that I think they should be printed on cards which should be nailed on every door in the wards, and a copy furnished to every attendant connected with the ward for his instruction and guidance. As, however, the sum of these regulations has been expressed, I shall not weary the Society with them, simply adding that I have divided them into four sections.

First.—Regulations to be observed by all persons in common having any official connection with the ward.

Second.—Regulations for the guidance of internes.

Third.—Regulations for the guidance of nurses.

Fourth.—Regulations with reference to general cleanliness, designed for the head of the hospital.

And so finally we have reaffirmed the adage that "cleanliness is next to Godliness," and this, too, in the largest and best sense is *health*.

PERSONAL DISINFECTION OF PHYSICIANS. —(*Medical and Surgical Reporter.*) Dr. Seaton, medical officer of health, remarks in a late lecture: There are many occasions where the clothes of the medical attendants require disinfection, as for instance, after visiting a group of small-pox or scarlet fever patients. Where the practitioner has been unfortunate enough to have a patient with puerperal fever under his care, the linen requires to be boiled, and the other things baked, before being worn again at a labor. But it is to the hands that he must pay special attention, and it is here that the disinfecting properties of chlorine are particularly useful. The hands should be well soaked three or four times daily, in the chlorinated soda (P. B.) If this is done for a week, baths used at the same time frequently, and the clothes disinfected, practice may be resumed without danger. Length of absence will not compensate for a neglect of these precautions, as the practitioner may communicate the disease after many months.

*By the late A. B. Crosby, M.D. From *Buffalo Medical and Surgical Journal*.

Obstetrical Observations.

ELIAS C. PRICE, M. D., 262 MADISON AVE., BALTIMORE, MD., EDITOR.

HYSTERO-EPILEPSY TREATED WITH ICE-BAGS.

Charcot and Bourneville treat ovarian hyperæsthesia by the application of the ice-bag for several hours a day on the ovarian region. The hystero-epileptic attacks decreased and the general health improved. Wherever there is an ovarian aura, the breaking out of the fit can be prevented. In very painful palpitation of the heart of an epileptic or hysterical nature, the ice-bag on the cardiac region acted well. In obstinate singultus hystericus, the application of the ice-bag on the cervical spine acts favorably.—*Med. Cent. Zeit.*, 36, 1877.

PULSATILLA IN MALPOSITION OF THE FÆTUS.

Since writing the remarks which appeared last year,* I have read an article in the Transactions of the Am. Inst. of Homœopathy, 1875, by Mercy B. Jackson M. D., of Boston, on Malpresentations of the Fœtus in Utero. She says "in thirteen years she has had fourteen cases of malposition of different kinds, in all of which I have used Puls. with success in changing the position, in all but one to a vertex. In that case the position was changed from a trunk to a foot, the remedy having been suspended before the process was complete."

"In one of these cases I had the satisfaction of observing the effect of Puls. Being called to the lady, some five miles away, found her in travail at half past 2 P. M. The waters were intact, the fœtus lying across the abdomen, the back up, the knee only in reach. Gave Puls., 30, a few pellets in water, a teaspoonful every hour.

Made several examinations, and at 6 P. M., found the head had come down so that with great exertion could touch it, and the knee had risen beyond reach. The pelvis on the right side was found to be empty.

At midnight, on examination, found the head fully down, and at 2:30 A. M., a girl was born by the vertex after only two and a half hours of much pain.

**American Observer*, 1877, p. 432.

"That nature does sometimes produce the desired evolution in the proces of travail, there is no doubt but that it would in fourteen successive cases in one persons practice I cannot believe, and moreover, some of the cases were given Puls., as early as the seventh month, others at eight, and others at eight and a half, and in all the result followed within a week from the commencement of taking Puls. In all that were examined during the week, a change was found at each examination, showing that the fœtus was coming into the vertex position."

"The longer before term the medicine was given the slower the process, as might be expected, on account of the greater activity of the uterus as the end of the term approached."

"I have received several letters from different physicians, stating cases in which they believed that Puls. had produced evolution from an unfavorable to a favorable position. Another physician, of very large practice, told me that he had given Puls. to all his cases a week before term, since I first told him of my cases, and that he had not had in all the years a malpresentation in a case where he had given Puls."

UTERINE SUPPORTERS.

Dr. Clifton E. Wing presented a paper (*Medical Society, Norfolk, Mass.*), upon "The Use of Uterine Supporters," in which it was maintained that a certain proportion only of uterine troubles can be benefited by the employment of pessaries, but that in cases requiring these instruments they can do nothing but harm unless perfectly fitted to the given vagina. Dr. Wing admitted that uterine trouble, involving congestion and enlargement, generally precedes the displacement of the womb, and is its chief cause. But it should be borne in mind that in certain cases the reverse is true; and the physician who holds steadfastly to the one view or the other must sometimes err.

The circulatory system of the uterus is adapted for supplying that organ with the proper amount of blood, when in its usual position, but it may be accepted as a rule that any change in the position of the womb from the normal one tends to interfere with the circulation, and usually the greater the displacement the more the congestion. Congestion of an organ as richly supplied with blood vessels as is the womb involves a material increase in its weight, which of course tends to perpetuate and increase the displacement.

Certain varieties of uterine displacement take place suddenly, as

the result of violence, such as the strain from lifting a heavy weight, or a fall; the natural result of such displacement is congestion, œdema, and increased sensibility, and, with the congestion of the mucous membrane, an abundant secretion of mucus. If, under such circumstances, the displaced part be restored to its normal position and retained there by means of a pessary until the natural supports regain their tone, it is reasonable to suppose that the congestion and sensibility will rapidly diminish, the organ decrease in size, the uterine discharge cease, constipation, painful defæcation, and trouble with the bladder disappear, dysmenorrhœa, due to the congested, hyperæsthetic state of the womb, or perhaps to obstruction caused by a flexion, give place to perfectly painless menstruation, and that recovery will take place without additional treatment. In the case of uterine displacement in any direction, the opposing ligaments and tissues are overcome and kept extended as long as the displacement continues, and our main hope of cure in such a case must lie in restoring the womb to its place before its proper supports become permanently over-strained, and in retaining it in position until they regain their tone. The indications for treatment are here often met by a well-fitting supporter, though in other instances, owing to the condition of the parts, other measures, perhaps operative, are necessary before the womb can be restored to its normal position and retained there by the pessary. Dr. Wing denounced the employment of the elastic ring and globe pessaries, and also of those made of soft rubber and dilated within the vagina, asserting that they tend to leave the pelvic supports weaker than before they were used. He spoke of the tendency at the present day to undervalue the influence of the vagina in supporting the womb, and in keeping it in place, maintaining that the walls of the vagina, when in opposition and of normal tone, and supported by the surrounding tissues, must act as a strong column of support to the womb. Soft rubber, moreover, absorbs more or less of the secretion, and becomes in a short time very foul and irritating, giving rise often to excessive leucorrhœa. The softest inflated pessary may cause an astonishing amount of ulceration in a very short time. The supporters which have a stem attached to a belt, or other contrivance on the outside of the body, were characterized as probably the worst of all, being incapable of adapting themselves to the mobility of the womb, and tending to stretch the vagina, and distort the parts. Of all the materials which have as yet been brought into use, hard rubber is by far the best, and the various modifications of the closed lever pessary of Hodge, made of this substance, will be found to supplant the other varieties of pessaries in proportion to the experience of the physician in their application. But the secret of success with pessaries lies not so much in the kind which is employed, for a variety which is proper for a given case may be improper for the next, but in accurately fitting the pessary to be patient.—*Boston Med. Journal.*

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER.

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DR. SWAN'S WATER-METER POTENCIES.

Dr. Samuel Swan writes as follows :

In the October number of the OBSERVER, (pp. 493, 494,) Professor Jones discusses the "Paine Resolutions" in his usual able, learned, and interestingly witty style. Generally he is correct, but when he is not, there is no one more willing to say "*mea culpa*."

But "much learning hath made thee mad," in a Pickwickian sense, for he pitches into Croton water as a potentizing medium

Dr. Jones has, I dare say, heard that sugar, alcohol and water, *mixed*, are continually being proved—but evidently has not heard that Sugar of Milk, Alcohol and Croton water have been proven separately, and the two first have been ascertained to have powerful sick-making properties. But that Croton water, with "the lime salts, chlorides, and organic constituents," has not yet found an organism so sensitive as to produce any perturbation. Ergo, potencies made with Croton water are the most free from disturbing influences.

Professor Jones asks if I have ever calculated the bulk of water required to make the 4,000th potency. I answer, I have; and it is not very difficult to do. In the centesimal proportion the first potency is made by one drop of tincture to 100 drops of water, the second potency is made by emptying the phial and adding 100 drops of water more—each potency requiring 100 drops of water, neither more nor less; if one potency requires 100 drops, 4,000th potency requires 400,000 drops. A gallon contains 61,440 drops, or minims; so to make the 4,000th potency will require 6 47-96 gallons of water. Under a pressure of 15 pounds to the square inch, the water passes through my potentizer at the rate of three gallons to the minute, so it does not take much water or much time to make the 4,000th potency. To make the millionth potency requires 100,000,000 minims of water, equal to 1,627 29-48 gallons, or 45 7-36 barrels of 36 gallons each, and requiring about nine hours to make it.

And just here I wish to say that I do not compare my potencies with Hahnemann's, Jenechin's, Lehrman's, Korsakoff's, or Fincke's contact potencies, Dunham's, or Boericke & Tafel's, they are *Swan's high potencies*, made for my own use, because I wanted in my practice higher potencies than I could otherwise procure. There is one test beside clinical experience for a high potency, that is, *it will antidote the aggravation caused by a low one*, if my 1 M antidote is the aggravation of a Jenechin 1 M, it is an evidence that it is higher, *it has done this*, in my own practice, and if physicians would stop cyphering and observe and experiment with the high potencies, large quantities of ink, paper and feelings would be saved.

Now with regard to the experience with "Picric Acid." Says the physician, "I stopped the last remedy sent, because it invariably brought on emissions" Of course it would, and if he had given *repeated* doses of the 100,000th or millionth, he would have produced emissions.

I have seen cases cured with *one* dose of Picric Acid, c. m., and if physicians of the present day did not know so much more than Hahnemann, they would follow the master's advice, and give *one dose*, and wait, and if the remedy had been carefully selected, a *cure would result*, for the *Law* is universal, unchangeable, and *never fails*; is equal

to all emergencies, and the *right remedy*, the *high potency*, and the *single dose*, will *always* make a bull's-eye shot, but you must allow the bullet time to reach the target in order to learn the result. The *wrong* remedy *cannot* cure, either in one dose or fifty, but will complicate the case and make it much more difficult to cure.

Now turn to the "Organon" and "Chronic Diseases" and see if I am not right.

If ever a doctor earned the title of *Jeu d'Esprit*, Professor Jones is the man, for the scintillations of his "mots" are simply delicious. But as this title would soon degenerate, and as he would be known as Professor Joe Desperate Jones, I will say nothing about it provided he will remit that 72 cents with interest to date; and as I shall have no use for my cranium after the middle of February, 1899, he is welcome to it to confirm his diagnosis regarding the "*vis formatrix*."

SAM'L. SWAN.

Prof. Hempel writes us the following admirable letter on this subject:

GRAND RAPIDS, MICH.

E A. LODGE, M. D.: *My Dear Doctor*:—If members of our brotherhood would take more pains to penetrate the deep meaning of the homœopathic law as a principle of truth in the government of Divine Providence, they would probably be much less inclined to introduce all sorts of questionable novelties in the domain of what I think has been improperly called potencies. If the craniums of the makers of high potencies were examined phrenologically, it would probably be found that these gentlemen are possessed of a large excess of marvelousness and a corresponding deficiency of judgment; there might also be discovered a goodly share of love of notoriety. One thing is certain, which is, that the methods which are proposed and adopted for making these delusive high potencies, are departures from Hahnemann's original mode of making his attenuations. Hahnemann insisted upon every succeeding attenuation being derived from its predecessor by means of powerful shakes or succussions. We have Doctor Hering's authority for stating that when Jenichen made his high potencies (I use this term, mentally protesting all the while against it) that the liquid in the vial was so powerfully agitated by Jenichen's strong arm, that

it gave out a clear ringing sound like metallic silver. What has the water-meter process, or Fincke's rinsing process, to do with Hahnemann's mode of splitting the medicinal molecules. In his prefatory remarks to one of the antipsorics, I think Phosphorus, but am not quite sure, which Hahnemann had carried up to the sixtieth attenuation, he says: this is high enough, for the thing must have an end somewhere (*das ding muss doch einmal ein Ende haben.*) Personally I have no objection to the higher attenuations being used in all proper cases; but I do object to these higher attenuations being pronunciamentoed upon the profession as the test of a higher faith in the truths of Homœopathy or as a *conditio sine qua non* of success in all cases. I can truly say that I have performed most magnificent cures in an incredibly short space of time with comparatively large doses of the tinctures, and with the low triturations of most of our new and and older drugs. Let there be perfect freedom and charity, and the truth will finally prevail.

Fraternally yours,

CHARLES J. HEMPEL.

And now we will hear from Professor Jones. Many a one will read a sentence or two of his writing and then drop the paper as unworthy of a professor in a great University. But stop a minute. Do him and yourself the justice of tolerating the ebullitions of his sparkling satire, wit and humor, for a sentence or two, and then if he does not sound a depth that you have not yet reached, we will confess that we have made a false estimate:

[DEAR DR. LODGE,—Hood has truthfully said:

"Evil is wrought by want of thought
As well as want of heart."

Make a note of it, while I tell you why I ask you to do so. You see, you sent me a proof of Dr. Swan's *hari kari* in an unsealed envelope. The proof reached my house while I was at lectures, and my wife, "one of Eve's family," read it!

On my return I found her bathed in tears. I can face a three-legged stool or a flat iron on occasion, as serenely as any loving husband ought to do; but a tear "fetches" me; and when that tear is in a woman's eye, its "potency" shames Swan's notorious C. M. as the sunlight hides the stars.

"My fond gazelle" said I, in a soothing tone, "why in blazes did you cook onions for supper?"

"Oh!" said she, making a convulsive effort to swallow the lump in her throat, "its worse than onions!"

Thinks I to myself: the depth of a woman's love is past the plumb-line! Here she's been trying to make a Welsh rare-bit of a Limburger cheese—all for *me*—and it has been too much for her gentle nature!"

"Yes," said I, speaking out, "it is 'worse than onions' *if you stir it up!*"

"Stir which?" said she, looking cross-eyed with emotion.

"Limburger cheese," said I. "You've got to take it in the original package and ask no questions."

"Sam," said she, handing me the fatal proof and screaming as she fell—

*"We are ruined by Chinese cheap labor!"**

* * * * *

Dear editor in chief, squander your postage stamps in future; meanwhile, I will say a parting word to that "heathen Chineese."]

Sugar of Milk and Alcohol have been proven separately, and have been ascertained to have powerful sick-making properties. So says Dr. Swan; but this is a bare-faced begging of the whole question as the 'proven' and the 'ascertained' are vital points, and disputed.

Dr. Swan forgets that the capacity to 'ascertain' depends upon the composition, the construction, and the culture of the anterior brain—the cerebellum 'ascertainings' have never yet passed muster with the school; indeed, with many of the school they were never ascribed to a cerebellum, but held for physiological miracles (as the mind-less endeavors of the anencephalous) and pointed at with an awe that is wordless.

Thanks to the spirit of the age, this open-armed charity is in the ascendant, for to-day the nonsense which men permit, is only second in extent to the sin which God tolerates.

Dr. Swan never knew that there is a farce of science; he is not penetrable by the "absurd parody" of Wuerzler's pudding. † Indeed, if we are rightly informed, he himself has perpetrated similar parodies in the instance of a dish of cucumbers, and a plate of lobster salad. In every bane his genius finds the antidote, and in the *C. M.* of potentised sin, his logic 'ascertains' the panacea for total depravity. I trust the corollary is legitimate, for I have obtained it by a logic which is more inflexible than the Swan-kind ever know.

* My helpmate had unfortunately seen a photograph (or a heliograph) of Dr. Swan's "nickel-plated Tom Thumb meter." Hence the prophetic strain.

† Vide Dudgeon's *Lectures on Homœopathy*. p. 208.

The humanizing, or I should say the angelizing influences of the Nineteenth century have led to the gracing of many a fair city with a *Hospital for Incurables*—shall Homœopathy be found wanting in the humanities or the angelities ! I trust this is hint enough to start another Homœopathic Fair in New York at once. As a school we have made begging a fine art, believing it to be more blessed to receive, and having so pressing an occasion let us indulge our ruling passion. And when our alms-seeking endeavor is at the flood tide let us see to it that we secure enough to provide a separate Journal for the special use of our Incurables. This Journal plan has been tried in certain asylums, and to the benefit of all authorship, as it distinguishes between those who are known for lunatics and those who go around loose disgracing communities and dishonoring many a good cause by unrestrained lunacy.

In such a Journal one might read :—"The *law* is universal, unchangeable, and *never fails* ; is equal to all emergencies, and the *right remedy*, the *high potency*, and the *single dose* will *always* make a bull's-eye shot ;" one might read all this *there* and see in it only the eternal fitness of things. As, and where, such things are now published, a sane man, not of our guild, reads, and mentally issues a writ *de inquiringo lunatico* against the whole school.

Such an Hospital would thin our ranks, and even *such* a Journal enjoy a plenitude of contributors, for to take out one chap who manufactures "Luna" with a "nickel-plated, Tom Thumb water-meter," and God knows how many other chaps who superfluously buy "Luna," would make a hole ; but

"Absence makes the heart grow fonder,"

and they could go into retirement, sustained and soothed by a consciousness of our undying affection.

But if this happy scheme for a Hospital, and a Journal *sui generis*, shall prove only a mocking mirage, what then ? Well, as a school we can carry all such nonsense, and much more, and still live, because a fool's commentaries upon a law of nature never did annul the fiat of the Law-Giver. Load truth, if you like, with a mountain of absurdities ; crush her to the ground, bury her—has she lost the race ? Truth is the goal of truth, and the consciousness of *that* makes her content to take up her abode *with the minority on even this side of the great Beyond*.

As I write, I see before me the face of a dear great one who has "gone over to the majority," and as I look at him I remember his large-hearted plea for "freedom of opinion;" and I recollect that ever since the grave has hushed all our objections to his saying and doing one—only one in a whole school—has been found who cannot cease his reviling. And this pitiful reviler cavils at the one whose charity did not exclude even him whose inanities have provoked and vexed me.

Perhaps I am impatient because I and my fellow-workers here are on the "skirmish line," and when a shaft from the other side takes effect and rankles in our flesh, we find that it was forged and plumed by such an one as even Dr. Swan.

Be this as it may, it is a pity that ex-dealers in lottery tickets, and *ci-devant* school-teachers, men who have gotten into the fold over the wall and not through the door; men whose ignorance is equalled only by their impudence—that such creatures should assume to be the exponents of Homœopathy.

To stand still and have one's throat cut is not required of even charity, and it is time that the school began to inquire into the antecedents of these shame-bringing shams.

S. A. JONES.

P. S.—I find, Mr. Editor, that I have been so elated over my beneficial scheme for a Hospital and Journal as to have overlooked Dr. Swan in his role of potency-monger.

"To make the millionth potency requires 100,000,000 minims of water."

As Dr. Swan "runs his machine," as he ran it when he made his so-called 10M. of Picric Acid in my presence, the result of "one drop of tincture" and "100,000,000 minims of water" would be and is Hahnemann's 4th centesimal dilution.

On that occasion Dr. Swan never "emptied the vial" from the time he turned the cock until the Tom Thumb alarm tinkled the so-called 10M. *quantum*, whereupon the water was emptied and the vial filled with alcohol. Dr. Swan printed "Picric acid and 10M." on the cork of that bottle; hence we wrote of him; "*starting, as he does, from, and* WORKING WITH THE ORIGINAL QUANTUM OF THE DRUG, he would have to drain the universe times without number to produce the 4 Mth."

The difference between Dr. Swan's so-called 10M. and C. M. is apparently ninety thousand potencies, but, made as the so-called 10M. was made for us, the real difference is that the 3d and 4th centesimal dilution of Hahnemann.

$$\frac{1}{1.000.000} = 3d \text{ cent.}$$

$$\frac{1}{100.000.000} = 4th \text{ "}$$

Hence the remark "Since then, I have never been 'scared' by Dr. Swan's *big figures*," and hence also the 'soft impeachment' that somebody's "*vis formatrix* didn't do its duty," AND

"Hence the *milk* in the cocoanut!"

Let me say that on the occasion of seeing the so-called 10M. made, I did not wait "nine hours" to witness the manufacture of the so-called C. M. Dr. Swan gave me a two drachm vial of some of that emission-producing potency which he then said he had previously made.

It is probable that "logic" and mathematics are equally plastic in the Herculean grasp of Dr. Swan's peculiar genius; but will he explain how he manages to make his C. M. in "about nine hours" *and also to empty the little vial he uses even once during the process*, seeing that "under a pressure of 15 pounds to the square inch," and playing an *uninterrupted stream*, it demands every moment of the time he has mentioned for his 'cute little "Tom Thumb &c." to deliver the croton water which is so "free from disturbing influences?"

And if Dr. Swan does *not* empty the vial at each 100 minims, if he has some other plan of procedure, must not he—pure 'homœopathician' that he is—take a front seat among those "physicians of the present day" who "know so much more than Hahnemann?"

And if it is so essential "to follow the master's advice" about 'selecting' the remedy, and also as to the 'dose,' why not follow the same "master's" example in preparing the remedy? A Swan, forsooth, "follows the master's advice" by going to the expense of a "nickel-plated water-meter," and by using over sixteen gallons of water so impure that a chemist's apprentice wouldn't touch it, to make a 'potency' which is cheaper made, quicker made, and better made with a two-cent vial and an ounce of alcohol.

Of course, Dr. Swan can supply *Calcarea carbonica* and *Natrum*

muraticum in his C. M., both made with a water which was charged with these substances long before it had reached his "nickel-plated" toy; and, of course, there are plenty of 'homœopaths' ready and quite able to furnish clinical evidence of the efficacy of such potencies.

"Ruined by Chinese cheap labor?" Pardon, O almond-eyed Celestial, a thousand times pardon! This time it is a Caucasian playing his little game with a "trade" wind. S. A. J.

After the receipt of above article, by Prof. Jones, the *Hahnemannian Monthly* arrived with a reply to Samuel Swan, M.D., by S. P. Burdick, M.D., reviewing the subject in other aspects, and we will try and make room for it in our next number.

PICROTOXIN.*—Dr. Glover administered to an ass one hundred and twenty grains of PicROTOXIN, and an hour afterwards one hundred grains more. The dose had hardly been administered for a few minutes when the animal salivated profusely; she then began to strike the ground with her fore feet. The breathing became laborious; she suddenly ran backwards for at least twenty paces, fell on her side and expired after a terrible fit of tetanus, which lasted for about five minutes.

A pigeon had ten grains of PicROTOXIN put under the skin of the axilla. In fourteen minutes convulsive backward movements of the head and neck were observed. At the sixteenth minute it vomited from its crop, strange motions of its feathers, very difficult to describe, occurred; it seemed as if they were agitated in all directions. It fell on its side, in which position, by movements of one wing, it continued to turn itself round in a circle, as if rotating on a pivot. This lasted for several minutes. It exhibited, also, spasms of opisthotonos character.

A small fish was placed in water containing five grains of PicROTOXIN. In half an hour it seemed excited; it sprang twice out of the water; it gradually lost the power of keeping the belly vertical, and inclined sideways. In forty-seven minutes it could be taken out without a struggle; it gradually lost the power of motion and died in six hours.

CLARK'S METHOD OF SOFTENING WATER.—By adding freshly-burnt quick-lime to hard water (which contains lime) it will become soft. "The added lime seizes the carbonic acid gas which held the carbonate of lime in solution, and so both the original carbonate of lime and that formed in the process, fall together as a white sediment." This method is truly homœopathic.—*Homœopathic World*.

* See page 14 of this number.
8

GREAT FAULT AMONG PROFESSIONAL MEN.—(*Pacific Medical and Surgical Journal*.)—We mean literary laziness. Physicians owe to their patients an educated attention; they owe to the profession and to the world the results of their observation and experience. How few perform the latter duty? They read, perchance, and study; they store their minds with knowledge and apply it in practice. But there they stop. They absorb like a sponge and profit by the labors of others, but give nothing in return. It is a habit which they fall into early in life, and which they seldom try to mend. It has its beginning in the failure to record cases and make notes in the commencement of practice. If any practitioner, at the outset of his career, should keep a note book, and enter in it whatever impresses his mind, either in his observation or reading, not only would he learn much by the habit, but he would acquire the taste and ability to instruct. The discipline would develop his literary powers, and the profession would get the benefit of his experience and reflection. One half the doctors you meet with can talk by the hour of their cases, interesting, important cases probably, and well studied, and they *intend* writing them out. But they are too abominably lazy to write a word. The world is full of such dumb oracles. Thus many of our best men live and die, and leave no mark. They have done no good outside the sick chamber of their private patients. Laziness of all kinds grows into the bones and becomes incurable; and it is not probable that the literary laziness we complain of, when once well established, can be eradicated. But we hope something from new recruits entering the profession. Let them start on the right track, and never deserve such a scolding as this.

THE BAG AS A MEANS OF ADVERTISING.—A correspondent of the *Medical Press and Circular* makes a hint on numerous individuals, as follows:

The *Spectator* (Addison's) has a capital article on the use of the "Fan;" if the writer of it was now alive, he might take as his theme, "The Bag as a means of Securing Practice." In many towns it has become the fashion to go about with one holding all the armamentaria, and thus if you have to vaccinate, cut a corn, open a boil, or perform any other such serious operation, you are provided with your tourniquets, artery forceps, etc. It impresses the public, and gives rise to such comments as the following:

SCENE. *Market day. Market thronged. Dr. W.'s carriage comes on at full speed, suddenly stops. Dr. W. jumps out with a BLACK BAG in his hand and rushes into a house.*

STRANGER (*log*): Who's that?

CITIZEN: Dr. W., clever rising man, enormous practice, great operator.

STRANGER: What's in the bag?

CITIZEN: His instruments, some of silver, some of gold, all has own invention.

STRANGER (*sententiously*): If he has so much in his bag, what must he have in his head?

Colleges, Societies, etc.

HOMŒOPATHIC MEDICAL SOCIETY.

AS REPORTED BY SECRETARY.

A meeting of the Homœopathic medical society was recently held with reference to certain proposed amendments to the constitution. At a meeting of the society on the 14th of August, the homœopathic maxim. "Similia Similibus Curantur," was stricken from the constitution, on motion of Dr. Paine. At the last meeting, on motion of Dr. C. E. Jones, it was declared that the amendment referred to was unconstitutional, and that the society adhere to its belief in the homœopathic maxim. This motion was adopted by the following vote: Ayes—Drs. J. W. Cox, E. D. Jones, L. M. Pratt, S. H. Carroll, W. E. Milbank, J. F. McKown, G. A. Cox, N. Hunting, E. B. Graham, C. E. Jones, and H. L. Waldo. Nays—Drs. H. M. Paine, Taylor and W. H. Vanderzee.

HOMŒOPATHIC MEDICAL SOCIETY OF ALBANY CO., N. Y.

(REPORT WITH A LITTLE EXPLANATION.)

A meeting of this society was held Oct. 2, with reference to certain proposed amendments to the constitution. At a meeting of the society on the 14th of August last, Drs. Vanderzee, Paine and Taylor, alone being present. The homœopathic maxim, "Similia Similibus Curantur," was stricken from the constitution, the same amendment having been voted on and rejected (not tabled) at a previous meeting and was called up at this, because as Paine said, he thought there was no one present to oppose it. On motion of Dr. C. E. Jones, it was declared that the amendment referred to was unconstitutional, and that the society adhere to its belief in the homœopathic maxim. The motion was adopted by the following vote: Ayes—Drs. J. W. Cox, E. D. Jones, L. M. Pratt, S. H. Carroll, W. E. Milbank, J. F. McKown, G. A. Cox, N. Hunting, E. B. Graham, C. E. Jones, and H. L. Waldo. Nays—Drs. H. M. Paine, Taylor and W. H. Vanderzee. The latter three being "the unanimous vote of the Albany County Hom. Med. Society" as published in the Medical Journals.

ALBANY, N. Y. Nov. 3, 1877.

MY DEAR DOCTOR:—Proceedings of the Albany County Hom. Med. Society as reported by our Secretary and his manipulator would imply that Homœopathy in this locality is at a very low ebb. On the principle that, with some exceptions, the truth should be spoken at all times, or all the truth should not be spoken at times, I don't know which. Your reports are very incomplete, for instance ;

instead of June 12th, meeting as reported in Aug. No. of the the Observer, only one qualified voter voted to expunge, "Sim. Sim. Curantur," from the constitution and that was Paine.—It was lost not tabled, or postponed to a future meeting.—The enclosed report of last meeting speaks for two subsequent meetings.

Now this is to say that we, as a body, are pretty good Homœopathists and as far as the cause is concerned one or two of our members do us more harm than the whole combined allopathic fraternity in the city. Compliments to Dr. S. A. Jones who reviewed Resolutions in last No.

Fraternally.

JAS. W. COX.

COLOROPHOBIA.—It is reported that the New York College of Physicians and Surgeons have resolved that no colored student shall be educated at their establishment. Whether this is because they are determined that white physicians shall retain the inestimable privilege of physicking sick colored folks, or because they are afraid that white patients will insist upon being physicked by colored doctors is not made known. The prescription, anyway, is as nauseous to, a healthy mind as a prescription for a healthy body.

ANOTHER CONVERSION.—We shall print in our February number an elaborate article entitled "*What is Modern Homœopathy*" by Prof. S. W. Wetmore formerly Prof. of Anatomy in the Wooster University, Cleveland, Ohio, for many years Demonstrator of Anatomy in the University of Buffalo, N. Y., and now member of the allopathic societies of Buffalo and Erie County, New York. This address when delivered before the Buffalo Medical Association, was noted for its fine spirit and noble courage, and will no doubt cause much more than a mere local excitement.

STUDENTS AT THE COLLEGES.—Boston University 150; Chicago Homœopathic College, 100; Cleveland Homœopathic College, 100; Hahnemann College, Phila, 150; Hahnemann College, Chicago, 100; Homœopathic College University of Michigan, 75; New York, Women's College, 50; Pulte Homœopathic College, 100; In all about 1,000.

IOWA STATE UNIVERSITY HOMŒOPATHIC DEPARTMENT—Is in successful operation. We hope the profession in that State will render it efficient support.

MICHIGAN UNIVERSITY HOMŒOPATHIC COLLEGE is doing well. A fine class of intelligent students.

Book Notices, Etc.

HOMŒOPATHY. THE SCIENCE OF THERAPEUTICS.

By Carroll Dunham, M. D., M. D. For sale at all the Homœopathic pharmacies.

This book is one of a series to be made up of a collection of papers elucidating and illustrating the principles of homœopathy.

Dr. D. quotes from the celebrated Chillingworth, the following: "I will take no man's liberty of judgment from him; neither shall any man take mine from me, I will think no man the worse man, I will love no man the less for differing in opinion from me, and what measure I mete to others, I expect from them again." It was in this spirit that he gave his admirable address before the American Institute of Homœopathy; in the same noble and courteous spirit he wrote his principal essays; and the papers in the present volume shew the same adherence to principle and charity for those who differ. A christian physician, an able prescriber, and a chaste writer, his memory will be long held in grateful remembrance.

PRACTITIONERS' REFERENCE BOOK, by Richard J. Dunglison, M.D. Published by Lindsay & Blakiston, Philadelphia.

This is an admirably arranged work of reference of the most practical character, well designed and well executed. Embracing, weights and measures, solubility of medicines in water, alcohol, ether, glycerine, etc., obstetric memoranda, rules for clinical examination of urine, treatment of poisoning, asphyxia, dietetics, how to conduct post-mortem examinations, select prescriptions, etc.

The select prescriptions are of no value to the homœopathic physician, yet the work as a whole is a valuable accession to the table of any practitioner.

LINDSAY & BLAKISTON.—Medical publishers and booksellers, No. 25 South Sixth Street, above Chestnut, Philadelphia, have issued a new *alphabetically* arranged catalogue of their publications. and a new issue (No. 4) of their *Medical Intelligencer*, containing their new books and a classified list of their other works. Also a *condensed classified* list for the pocket. All of these they send *free* upon application. They have also made considerable *reduction* in the *prices* of many of their books to suit the times.

RESERVED FOR NOTICE.—*Allen's Encyclopædia, Hoynes' Materia Medica*, and other works.

The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

HOW DOCTORS AGREE.—*Medical Times and Gazette*.—A party of ten medical men were dining together and the following question came up for discussion: If all present were limited in their practice to a selection of six medicinal remedies, chosen as being of the greatest utility in the profession, upon what simple drugs, compounds being excluded, would the choice fall? The vote was taken, each member of the party writing the names of the six drugs that found highest favor in his eyes, and handing them to the doctor who started the inquiry. When the papers were examined it was found that a majority of votes were in favor of opium, quinine, and iron; the votes were equally divided between mercury and iodide of potassium, as well as between ammonia and chloroform.

VELPEAU.—The famous French surgeon Velpeau, like Louis XVI, was an amateur locksmith, and took an infinite pride in his work. One day after performing an exquisitely delicate operation, as he and Magne, the no less famous oculist, were leaving the patient's sitting room together, Velpeau said: "Here are five doors opening into this room. Which one of them leads out?" "Upon my word, I don't know" said Magne. "This one, of course; don't you see the lock is on this side?" replied Velpeau, and strutted forth, prouder of his display of knowledge than he had been of the success of his operation.

OUT OF DANGER.—A person who was recently called into court for the purpose of proving the correctness of a surgeon's bill, was asked by the lawyer whether "the doctor did not make several visits after the patient was out of danger?" "No," replied the witness, "I considered the patient in danger so long as the doctor continued his visits."

THOUGHTFUL.—Doctor's Wife—"Well, Barney, how is your wife?" Hibernian—"Very bad, ma'am, I thank you." Doctor's wife—"Why didn't you come for the Doctor?" Hibernian—"Shure, I knock'd and no one came." Doctor's Wife—"You should have rung the night bell, of course." Hibernian—"Ah! is it me that would be disturbin' his honor at that time o'night!"

FRECKLES.—A lady reader writes to the *New York Herald* for a receipt to remove freckles. A lady in Rome, who has tried the remedy, recommends the following:—Bathe the face lightly with cologne water after tea, and at about ten p. m. brush both cheeks, the forehead and chin with a carefully selected moustache. If this does not remove the freckles, it will under ordinary circumstances, cause them to be forgotten.

Neurological.

DR. VON GRAUVOGL.*

AT the close of our last number we were only able barely to allude to the distressing news which had just reached us of the death of our esteemed colleague Von Grauvogl. The extent of the loss which we have sustained will be best estimated by those who have at heart the scientific development of our teaching. He who has just gone to his rest, stood ever in the foremost rank of combatants in the good cause. His wealth of knowledge, and his inexorable, incisive logic, made him peculiarly fitted to lay bare the weak side of our enemies and to repel their attacks, whilst on the other hand his efforts were steadily directed towards establishing homœopathy on the firm basis of natural laws. That he succeeded, every one will testify who has honoured his works with diligent study, and has not allowed himself to be repelled by a style which is at times somewhat involved. His *Homœopathisches Aehnlichkeitsgesetz*, as also his *Lehrbuch der Homœopathie*, will always remain as ornaments of our literature—an inexhaustible arsenal affording weapons of defence against our enemies, as well as an indispensable source of information for every inquirer into homœopathy.

In him, and in Hausmann, of Pesth, who predeceased him by nearly a year, are extinguished two stars of the first magnitude in the firmament of homœopathy. As an active contributor to our paper, he has erected a lasting monument for himself by the publication of the series of *Gemmen und Folien*. His services to our cause, will, we are persuaded, find in the world to come, their well earned recompense.

He died in Munich, on the 31st August, at the age of 66, after a three week's illness.

Die Erde sei ihm leicht!

BERGHAUS.—Julius M. Berghaus, A. M., M. D., LL. D., formerly of St. Louis, Mo., afflicted with dropsy, died suddenly at St. Maurice, Switzerland, Sep. 20, 1877.

BACKUS.—Rufus Backus, M.D., died at Racine, Wisconsin, on the 11th. of September, 1877, of cerebro-spinal meningitis, aged 39 years. A skillful physician much beloved.

HAYNEL.—A. J. Haynel, died at Dresden, on the 28th of August last. He was the oldest disciple of Hahnemann, and one of his provers of the *Materia Medica Pura*. He had reached the ripe age of 81 years at the time of his departure.

*For the translation of this notice of the life of our learned colleague we have to thank Dr. Galley Blackley.—*Monthly Homœopathic Review*.

Personal Notices, Etc.

ALLEN.—Our old friend H. C. Allen, M. D., has relinquished the Life Insurance Agency, and removed to Detroit, to the former residence of E. H. Drake, M. D., where he will practice his specialty of Surgery.

CRAIG.—Dr. James D. Craig, formerly of Niles, has removed to Detroit, and will hereafter be associated with us in the general practice of Medicine, Surgery and Obstetrics.

GATCHELL.—We are pleased to announce that Charles Gatchell, M. D., son of Prof. H. P. Gatchell, late of Kenosha, Wis., has been appointed to the Professorship of Theory and Practice in the Homœopathic Department of the University of Michigan, and gives great satisfaction as a lecturer.

HEMPEL.—Our readers will be very much gratified when they read the letter of Prof. Hempel, which we publish on another page, to find that though quite infirm, and blind, he still retains a large measure of his intellectual vigor.

LEWIS.—Dr. F. Park Lewis, graduate of the New York Homœopathic College, is now Surgeon of the Buffalo, New York, Eye and Ear Infirmary.

PALMER.—Dr. Geo. H. Palmer has left St. Clair, Michigan. Before leaving, his friends met together and passed a series of resolutions of respect and confidence which were doubtless well deserved. He is an intelligent and successful practitioner.

VON TAGEN.—Prof. C. H. Von Tagen of Chicago, Ills., is now engaged upon a work on *Operative Surgery*.

NECROLOGICAL.

(Other Notices on Page 63),

DAKE.—Died at Pittsburgh, Pa., on Tuesday evening the 13, November 1877, of pulmonary consumption, Lulu D., wife of B. F. Dake, M. D. We sympathize with the Doctor in his loss.

PETTET.—Died at Cleveland, Ohio, on Sunday evening Oct. 8, of typhoid fever, Emma, wife of J. Pettet, M. D.

SWAZEY.—George W. Swazey, M. D., one of the pioneers of homœopathy, and a physician of eminence, highly esteemed for his many excellent qualities, died recently at Springfield, Mass., from the effects of a fall.

REMOVALS.

CRAIG.—Dr. J. D. Craig, from Grand Rapids to Detroit, Michigan.

DIX.—Dr. J. H. Dix, from Dansville, to Honeoye Falls N. Y.

EATON.—Dr. M. M. Eaton, from Peoria, Ills., to Cincinnati, Ohio.

GESLER.—Dr. A. E. Gesler, has removed to Saranac, Mich.

HOUGHTON.—Dr. H. A., from Keeseville, N. Y., to Charlestown, Mass.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

DISEASES OF THE EYE.

B. — Hypermetropia.

This affection, the opposite of myopia, was formerly confounded with presbyopia ; or, rather, the condition now called hypermetropia was regarded as a particular form of presbyopia. This opinion, however, was erroneous, the refractive power for distant objects being normal in presbyopia, whereas in hypermetropia it is deficient, in consequence of the shortening of the optic axis ; hence parallel rays are brought to a focus behind the retina, and only convergent rays come to a focus upon it. And since in this affection even parallel rays require an effort of accommodation to concentrate them upon the retina, it follows that, although hypermetropic eyes may be able to accommodate themselves to distinct vision for a short period, the constant use of them must soon become fatiguing and painful, especially for near objects. In fact, this is often the most obvious symptom in hypermetropic eyes ; for while there may be no apparent disease existing, the vision being perfectly good, the eyes are incapable of continued use, especially upon small objects, without causing so much fatigue and confusion of sight as to compel the patient to desist from his employment, (*asthenopia*).

Prof. Donders divides hypermetropia into three forms, namely, the *faculative*, the *relative*, and the *absolute*. The faculative form is that in which the eye readily accommodates itself for all distances, and the patient experiences no fatigue while at work ; but presbyopia sets in early, accompanied by

symptoms of asthenopia. In the relative form of hypermetropia, the eye is also enabled to accommodate itself for any distance, but only by great effort, and by a too strong convergence of the optic axes. This form, which generally occurs soon after puberty, is always attended with more or less asthenopia. Absolute hypermetropia, on the contrary, is a form in which no effort of the accommodation will enable the patient to see distinctly, without glasses, at any distance. It generally occurs at a later period in life than either of the preceding forms.

If we examine the hypermetropic eye with the ophthalmoscope, by the direct method, we get an erect image, contrary to what occurs in the myopic eye; for if we fix our attention upon any of the details of the fundus, such as the optic disc or retinal vessels, and move our head to either side, the image is seen to move in the same direction. By the indirect method, the image appears much larger than it does in the emmetropic eye, in consequence of its being formed further from the object lens.

As the asthenopic symptoms depending upon hypermetropia may be cured by the use of spectacles, it is important, in order to select the proper glasses, to ascertain the actual degree of hypermetropia. This is often considerably greater than the manifest hypermetropia, (Hm,) in consequence of a certain amount being rendered latent by the accommodative power, (Hl,) which, as we have seen, is exercised to some extent at all distances. Hence it becomes necessary to paralyze the ciliary muscle by Atropine, before we can estimate correctly the amount of absolute hypermetropia, (Ha). If we then test the vision for distance, we shall find that the patient requires the aid of a convex lens, or if presbyopic, he will require much stronger glasses than he did before the accommodative function was suspended. The power of these glasses being the measure of the absolute hypermetropia, the latter may be expressed by the formula, $Ha = \frac{1}{10}, \frac{1}{16}, \frac{1}{20},$ etc.

Having neutralized the hypermetropia by the proper glasses, we may readily ascertain the range of accommodation by measuring the nearest point at which the patient can distinctly read No. 1 of the test types with these glasses. In young individuals, in whom the accommodative power is generally very strong, it often amounts to $\frac{1}{4}$ or even $\frac{1}{3}$.

Hypermetropia is of frequent occurrence in childhood, and is often hereditary. It is generally caused, however, by senile degeneration of the lens, the latter becoming more and more flattened and less susceptible of a change of form by the accommodative power. It may also be caused artificially, by removing the lens from the optic axis, as in operations for cataract. In these cases, the power of accommodation is entirely lost, and the hypermetropia is always absolute.

According to Dr. Cohn, nearly two-thirds of the cases occurring in childhood lead to convergent squint. Later in life it causes accommodative asthenopia. As age increases, the range of accommodation diminishes, and the patient can only see large and remote objects.

TREATMENT.—We have already pointed out the principles to be observed in the selection of the proper convex glasses, the use of which constitutes the only scientific treatment of this affection. They should be prescribed upon the first appearance of asthenopic symptoms. It is important that they should not be too strong. De Wecker recommends the neutralization of the manifest, and about one-fourth of the latent hypermetropia, for near vision; but even these glasses are sometimes found to be too strong for the patient. The only safe rule is, to prescribe glasses which may be used for a length of time without causing any sense of fatigue or pain to the eye. They will generally be found to be glasses of about thirty inches focus.

In order to cure the asthenopia, it will often become necessary, after a few weeks, to change the first pair of glasses for

stronger ones. If the hypermetropia is faculative, the cure is generally soon accomplished, and the glasses may then be dispensed with ; but if the hypermetropia is relative or absolute, their use, even for distant vision, will require to be continued.

The main point in treatment is, to relieve, and at the same time strengthen, the power of accommodation. Hence the patient should never attempt to read or work without the aid of glasses, and should always rest the eyes whenever they become weary. He will find it beneficial, also, to follow the advice of Dr. Dyer, and exercise the eyes for a few minutes every day, at stated hours, in reading with proper glasses, gradually increasing the time as the eyes improve, observing at the same time not to overtask the accommodative power.

C.—Astigmatism.

We have hitherto regarded the dioptric apparatus as being perfectly symmetrical, and its different planes as having one and the same focus. But this is not the case even with the normally constructed eye, as it is found that rays entering it in the vertical meridian are generally brought to a focus sooner than those which enter it in the horizontal direction. This variation in the refraction of the eye in different planes, which exists in nearly all eyes, is too slight to exercise any perceptible effect upon vision. But abnormal astigmatism, which generally results from a marked want of symmetry in the curvature of the cornea, makes the refractive power of the eye so unequal, in one or another of its meridians, as to confuse the retinal image and render it more or less indistinct. Similar effects may also be produced by a similar irregularity in the curvature of the lens, but such cases are comparatively rare. Nor is it every case of irregular corneal refraction that is included in our inquiry ; for such symptoms as occasionally re-

sult from the cicatrization of corneal ulcers have already been considered. (See Keratitis, etc.)

Regular astigmatism may be either *simple*, *compound* or *mixed*. It is called *simple* when one meridian of the cornea is normal, or emmetropic, and the other myopic or hypermetropic. It is *compound* when both meridians are myopic or hypermetropic, but in different degrees. It is termed *mixed* astigmatism when one meridian is myopic and the other hypermetropic.

One of the most convenient tests of astigmatism is, to have the patient look at the cross-bars of a window, and if he sees either the perpendicular or the horizontal bars more clearly than the others, he is astigmatic. Or he may be examined in a similar manner at different distances with Snellen's large test types, say No. LXX or C, and if a point can be found at which one portion of the letters appear clear and the other portions indistinct, the defect in vision is due to astigmatism; otherwise it must be referred to some other cause.

The readiest method of determining the exact direction of astigmatism, is, to require the patient to look through a stenopaic disc, which consists of a metal plate perforated with a narrow slit. When this slit is held in a proper direction, that is, in a line with the emmetropic meridian of the cornea, the confusion of vision disappears, and the patient can see clearly. The degree of astigmatism may be ascertained by simply placing convex or concave glasses before the slit until we find the number which renders vision most distinct.

TREATMENT.—Stenopaic spectacles will suffice to correct simple astigmatism; but the compound and mixed forms will require convex or concave cylindrical glasses, according as the astigmatism is hypermetropic or myopic. Cylindrical glasses cause no refraction in the plane of their axes, whilst those rays which pass through them at right angles to their axes are refracted most. Hence this line of the lens should be so placed

as to correspond with the line of the greatest astigmatism. Sphero-cylindrical glasses are required for compound astigmatism, one surface being convex- or concave-spherical, to correct the hypermetropia or myopia, and the opposite surface cylindrical to correct the astigmatism. Mixed astigmatism requires bi-cylindrical glasses for its rectification, one side of which is concave, to suit the myopic meridian of the eye, and the other convex, to suit the hypermetropic meridian.

The selection is best made by trial. We first ascertain how much vision can be improved by means of the ordinary convex or concave glasses. We then select a convex- or concave-cylindrical glass of corresponding strength, and rotate it before the eye until its axis is brought into the right direction to correct the astigmatism. If it is found too weak or too strong we try others.

Having ascertained by trial the exact angles which the transverse diameter of the glasses makes with that of the eye, the greatest care should be taken to have them set in precisely the same position in the frames, as the least deviation from the proper plane will lessen or destroy their beneficial effect. For the same reason, spectacles are to be preferred to eye-glasses, the latter being less nicely and less securely adjusted to the eye.

4.—AMBLYOPIA.

Amblyopia is a general name, used to denote any form of blindness not due to optical defect. Hence it embraces hyperæsthesia and anæsthesia of the retina, hemeralopia, or night-blindness, and even amaurosis ; though the latter term is sometimes confined to cases of complete or absolute blindness, while the various degrees of impaired vision, except such as arise from anomalous refraction, are included under the term *ambly-*

opia. In addition to the amblyopic affections above mentioned, which will be separately considered, we note two distinct forms, namely, such as are due to functional disturbances of the circulation, and those which seem to depend upon a depraved state of the blood, such as occurs in scarlet or typhus fever. Thus we have what is called *anæmic amblyopia*, from a deficiency of blood. This may originate in any of the causes which give rise to general anæmia, such as excessive hæmorrhage, hyper-lactation, etc. *Congestive amblyopia*, on the other hand, generally results from a suppression of some customary discharge, and is due to over-fullness of the vessels of the eye or brain. It is most apt to occur during gestation, amenorrhœa, etc. *Toxæmic amblyopia* is commonly due to the poisonous influence of such agents as tobacco, (*amblyopia nicotiana*), alcohol, (*amblyopia potatorum*), quinine, lead, etc. *Uræmic amblyopia* has already been referred to under the head of nephritic retinitis, (which see). *Transitory amblyopia* sometimes occurs in the course of low diseases, such as diphtheria, scarlatina, typhus fever, etc.; and it may also occur in connection with derangement of the stomach from indigestion, disease of the liver, etc. Finally, we have *traumatic amblyopia*, resulting from concussion, shock, lightning-stroke, etc.

The ophthalmoscope reveals at first no abnormal appearance, unless a slightly hyperæmic condition of the retina and optic nerve is regarded as such; but even this is frequently wanting. Besides, the appearance in question is no greater than is frequently met with in a normal state of vision, and may therefore be regarded as physiological rather than pathological. Subsequently, symptoms of atrophy of the optic nerve make their appearance, and then the disease assumes the character of amaurosis, (which see).

PROGNOSIS.—This will depend chiefly on the nature of the cause, the length of time the disease has existed, and the age, habits, and constitutional condition of the patient. In most

cases progressive atrophy of the optic nerve sooner or later supervenes, and then the vision, although it may not be entirely lost, is seldom capable of being fully restored. Von Græfe founds the prognosis upon the state of the pupil, especially in the transitory form of the affection; for if the pupil reacts under the stimulus of light, he regards the prognosis as favorable, even though all perception of light may have been lost. Cases have occurred, however, in which the pupils have retained their activity, and yet the sight has never returned. This is especially the case with the blindness of pregnancy, many instances of which have terminated unfavorably.

TREATMENT.—The treatment of amblyopia should be chiefly directed to the removal of the cause. Thus, anæmic amblyopia requires a liberal and nutritious diet, exercise in the open air, and such internal remedies as Anac., Ars., Chin., Ferr., Ign., Nux v., Phos. ac., etc. Congestive amblyopia, on the other hand, is most frequently benefited by such remedies as are specially suited to the characteristic symptoms, as, for example, Acon., Puls., and Sep., in menstrual suppression; Bry. and Cimicif., in rheumatic cases; Cact. and Lycop. in heart troubles; Bell., Cact., Gels., Glon., Phos and Zinc. in hyperæmia of the optic nerve; Nux v., Sec. c. and Zinc. in paralysis of the retina; Bell., Glon., Phos. and Sang., in cerebral congestion, etc. Amblyopia potatorum et nicotiana require the immediate and complete abandonment of the use of spirituous liquors and tobacco, and the internal administration of such remedies as are best calculated to invigorate the general system, especially Ars., Chin., Ign., and Nux v. Amblyopia saturnina has been greatly benefited by Opium. Traumatic cases, and such as result from fright or shock, are best treated with Ars., Coff., Cyp., Hyos., Ign., Scut., etc.

5.—HYPERÆSTHESIA RETINÆ.

SYMPTOMS.—This affection, which is frequently mistaken for inflammation of the retina, is characterized by symptoms of extreme irritation, such as severe photophobia, lachrymation and ciliary neuralgia, accompanied in some cases with spasmodic twitchings of the lids. The irritability of the retina is so intense as to give rise to painful photopsies, even in the dark. These generally take the form of spontaneous flashes of light, accompanied with sensations of dazzling before the eyes; and are greatly aggravated by the least exposure of the eyes to light, or by motion, excitement, exertion, or pressure upon the globe. The sensibility of the retina is so much exalted, that former impressions are manifested for an abnormally long period; and even the power of seeing in the dark (*nyctalopia*), or with an insufficient amount of illumination for normal vision, has in some rare instances been observed. The so-called phosphenes, or luminous rings, such as appear when the globe is firmly pressed, likewise occur, either with or without the dazzling sensations and photophobia. Moreover, the former, like the latter, may appear even in complete darkness. In some cases objects are seen as through a mist, or surrounded by circles of various colors (*chromopsia*).

Examined with the ophthalmoscope, the eye is found to be free from every appearance of disease. The sight is good in a subdued light, but owing to an anæsthetic state of the peripheral portion of the retina, the field of vision is considerably contracted.

ETIOLOGY.—Hyperæsthesia of the retina is most frequently met with in patients of an excitable, nervous temperament, especially young and delicate females. It sometimes arises from irritation or congestion caused by exposure to very bright lights; but the most common cause is straining or over-working the eyes by strong artificial light. It may also result from

a blow or other accident about the eye ; but in many cases it can be traced to no apparent cause, unless it be an impaired state of the general health, such as comes from a disturbance of the menstrual function, etc.

TREATMENT.—Blue glasses, which diminish equally all the rays of the spectrum, should be worn as long as the eyes are sensitive and painful, especially in the open air, and when exposed to bright lights. If the photophobia is very severe, it may be necessary for a time to exclude all rays of light from the eyes ; but as the irritation subsides we should gradually accustom them to bear the light, which in a mild form is not injurious to the retina.

Internally we should prescribe such remedies as will benefit the general health, and at the same time ameliorate the local symptoms. We have generally obtained the best results from Bell., Cimicif., Con., Gels., Merc., Nux v. and Puls.; but have also derived benefit, in suitable cases, from Chin., Hep., Igna., Nat. m., Sulph., and Tart. em.

6.—ANÆSTHESIA RETINÆ.

This condition, which consists in a diminished excitability of the retina, is unattended by any objective symptoms. It is chiefly characterized by the very feeble impression which moderate degrees of illumination make upon the eye ; and seems to arise from the blinding effect of intense light upon the nerve elements of the retina, whereby the latter appears to lose, to some extent, its power of responding to the stimulating effects of ordinary degrees of light. One of the most common forms of the affection, *snow-blindness*, is characterized by a dimness of vision which lasts as long as the affected eyes remain exposed to the dazzling reflection of the bright sunlight upon the snow or ice.

Partial anæsthesia generally results from direct or reflected sunlight, or other strong light, acting suddenly or continuously upon the retina; and usually takes the form of a dark cloud in the centre of the field of vision. This cloud is often temporary, lasting but a few hours; but it may continue for several weeks or months, and then, if circumstances favor, gradually clear up and disappear. When confined to the periphery of the retina, the visual field is more or less contracted, while the degree of central vision is generally but little, if at all, diminished.

There is a monocular form of anæsthesia, usually called *amblyopia exanopsia*, which results from disuse of the eye, as in strabismus convergens, (which see). It is also frequently associated with paralysis of the accommodative function. It is generally confined to the central portion of the visual field, and this will commonly serve to distinguish it from other pathogenetic forms of anæsthesia, in which the periphery is mostly involved.

TREATMENT.—This should consist in attention to the general health, regular exercise in the open air, rest and protection of the eyes, and the internal administration of *Ignæ*, *Nux v.*, *Sec. c.*, and *Zinc*.

7.—HEMERALOPIA.

NIGHT-BLINDNESS.

SYMPTOMS.—Hemeralopia is characterized by a state of vision in which the patient sees well during the early part of the day, or when objects are brightly illuminated, but imperfectly towards night. In high grades of the affection, the patient is unable to distinguish even large objects towards the close of the day. This is not simply owing to the time of day, as was formerly supposed, but chiefly to the diminished intensity of the light; for it is observed that, *cæteris paribus*,

the degree of amblyopia corresponds with the amount of illumination, the patient being able to see even at night, provided the artificial light is sufficiently bright. It is true, however, that the patient can always see best in the morning; but this may be accounted for, in part, by the reinforcement, so to speak, of the retinal sensibility during the night. It appears, therefore, that the dimness of vision is due to torpor of the retina; an abnormally great amount of light being required in order to see distinctly.

In the morning, or when there is sufficient illumination to see clearly, the pupil is generally of normal size and mobility; but as night approaches, and the illumination decreases, it usually becomes dilated and sluggish. In old and severe cases, however, the pupil is always enlarged and torpid, and it requires the stimulus of a very strong light to excite contraction.

Hemeralopia is not always equally developed in both eyes, the patient being able sometimes to discern objects with one eye and not with the other; or perhaps some parts of the visual field may be clouded over, while in the other eye it may be clear, and admit of a certain degree of indirect vision.

ETIOLOGY.—The chief predisposing cause of this affection is an impoverished state of the blood, in consequence of which the nerve elements of the retina are insufficiently nourished. This accounts for the fact that soldiers and sailors suffering from scorbutic diseases, are especially prone to be affected with the disease. We also find that by far the largest number of hemeralopes are individuals whose constitutions have become impaired by severe illness, or whose general condition is one of debility. It is likewise owing to this cause, doubtless, that the disease sometimes prevails epidemically in camps, jails, poverty-stricken fever-districts, etc.

The principal exciting cause of night-blindness is prolonged exposure to intense and unaccustomed light. Hence its frequent occurrence in the spring and summer, increasing

in clear, and diminishing in cloudy weather. Hence, also, its frequent appearance amongst harvest hands, soldiers who exercise much in the sunlight, and sailors who are similarly exposed within the tropics.

TREATMENT.—The chief indications are, to restore the general health, and protect the eyes from bright light. If the case is very severe, or very chronic, the speediest way to effect a cure is, to apply a binocular bandage, or else confine the patient in a dark room, and feed him with the most nourishing and easily-digestible food, soups, etc. In this way, protracted cases have been cured in a very few days.

Internally, the following remedies, which have given great relief in some cases, may be prescribed, the selection depending mainly upon the general condition of the patient:—Arg. nit., Chin., Hyos., Lyco., Ranun. bulb., Stram., and Sulph.

8.—AMAUROSIS.

The term *amaurosis* was formerly used to denote any impairment or loss of vision depending upon congestive, inflammatory, organic, or functional disease of the nervous apparatus of the eye, whether seated in the retina, optic nerve, or brain. At present its signification is more restricted, the term being mostly confined to cases depending upon degenerative atrophy of the optic nerve, while those arising from irregularities in the circulation of the nervous system, are included under the head of amblyopia, (which see). Amaurosis therefore differs from other amblyopic affections in being both functional and organic.

SYMPTOMS.—The only characteristic symptoms of amaurosis are ophthalmoscopic. Of these, the most marked are: a faint, white or bluish-white appearance of the papilla; an absence, or diminution in the size of the nutritive vessels of the disc; a contraction and attenuation

of the retinal vessels, especially the arteries; and an opaque, somewhat irregular but sharply defined optic disc, which is often slightly excavated. The amaurotic excavation is liable to be mistaken for the physiological excavation, which is congenital and frequently seen in the normal eye, unless we bear in mind that in the latter the other symptoms of atrophy above-mentioned are absent, the optic nerve being in its normal state. In the amaurotic excavation, the retinal vessels are never displaced, as in glaucoma, the cavity being so shallow, and its edges sloped so gradually, that the vessels appear to pass over a nearly level surface. In many cases of spinal amaurosis, a bluish, or bluish-green discoloration of the papilla is especially marked, and is best seen by the direct method of examination. In other cases the disc appears pale and white, sometimes as white as paper. This is particularly the case in the form of cerebral amaurosis caused by the excessive use of tobacco. In the first stage of the tobacco amaurosis, which is one of congestion and very transitory, the disc is abnormally red; this is followed by pallor of the outer half, or the part nearest the macula lutea; finally, the whole disc becomes pale, white, and in an advanced state of atrophy. These changes all occur within a few months, during which the sight becomes progressively impaired, and often extinct.

ETIOLOGY. The most frequent cause of amaurosis is basilar meningitis, especially the chronic form. It may also be produced by chronic periostitis at the base of the brain, or by tumors within the brain or cerebellum. Other causes are: cerebral hemorrhages, epilepsy, and diseases of the spinal cord, especially chronic myelitis and locomotor ataxy.

PROGNOSIS.—This will depend mainly upon the cause, the mode of attack, the state of the field of vision, and the condition of the optic nerve. All cases, of course, are serious, and should be considered more or less doubtful; hence the

prognosis should always be guarded. Sudden attacks are generally less unfavorable than the more gradual, especially in the case of children. Cases that remain stationary for a considerable period are also hopeful, as they usually depend upon causes which are removable, or which are more or less amenable to treatment, such as the too free use of alcohol or tobacco, or some disorder of the stomach, liver, or uterine system, etc. So, also, if the visual field remains uncontracted for a considerable time after the disease sets in, or if the edges of the field are regular and well-defined, the prognosis is not altogether bad. On the other hand, irregular contractions, occurring rapidly in both eyes, are very unfavorable; and so, also, are central scotomata, especially if the peripheral portions of the field are likewise affected. Although the appearance of the optic nerve is not sufficient of itself to determine the result, yet atropic changes in it are always of serious import, and, in most cases, render the prognosis very unpromising.

TREATMENT.—These cases will generally tax the skill of the practitioner to the utmost. To be successful even in a small proportion of cases, he will need to pay particular attention to the cause, and to select his remedies with the greatest care. The hints and indications given under the head of Amblyopia, are no less appropriate to the treatment of Amaurosis, and will be suggestive. In addition to electricity and the hypodermic injection of strychnia, both of which have been used with benefit, the following remedies, which have proven successful in some cases, should be carefully studied:—Acon., Ars., Bell., Calc. c., Cimicif., Crotal., Gels., Glon., Hep., Igna., Lycop., Merc., Nat. m., Nux v., Phos., Puls., Ruta g., Sant., Sec. c., Sep., Sulph., Zinc.

CYANIDE OF MERCURY IN DIPHThERIA.*

In the *St. Petersburg Med. Woch.*, of April 14, Dr. A. Erichsen, on the strength of twenty-five cases in which he has tried it, strongly recommends minute doses of *Cyanide of Mercury* (*hydrargyrum cyanatum*) in diphtheria. He believes in the efficacy of mercury abridging the duration of the diphtheritic process, while he knows of no other preparation except this which does not quickly disturb digestion and nutrition. Given in small doses, it scarcely disturbs the alimentary canal at all, even when continued for a long time. Indeed, syphilitic children from a year old may be treated for weeks without any such disturbance occurring, if it be given in doses of one forty-eighth of a grain thrice daily. In diphtheritis Dr. Erichsen has used it at various ages—from seven months to fourteen years, as well as in adults—and in all the cases it was well borne. In a short time the membranes became thinner and less adhesive, so that even where they had spread into the larynx and induced obstruction, with cyanotic colouring of the face, they still separated and rendered the larynx free again. This was the case in three of the instances occurring in young children, the symptoms which seemed to threaten death or to require tracheotomy yielding to the internal use of the cyanide, and the local application of hot sponges. This mode of treatment has also the advantage of rendering the necessity of local applications to the fauces much less frequent; and pencilling the parts with tincture of iodine twice a day suffices, instead of the constant applications, which are so irksome. The dose varies with the age, children to their third year requiring only one ninety-sixth of a grain, and older children and adults one forty-eighth of a grain every hour during the day and every two hours during the night. The following is the formula employed: Hydrarg. cyan. gr. j., aq. destill. ʒvj., syr. simpl. ʒss.; half or a whole teaspoonful every hour. Most of these twenty-five cases were children from the third to the fourth year of age, in whom the prognosis is not so favorable as in older children and in adults. Of the twenty-five only three proved fatal—one from paralysis of the heart, a second from suppurating parotiditis, and the other from coinciding meningitis; but in all the cases—even in the fatal ones—the diphtheritic process was arrested.

Dr. A. Erichsen gives the *Cyanide of Mercury* in diphtheria, but vouchsafes no reason for the choice of this remedy. Was it an allopathic inspiration, or had he possibly heard of Dr. Villers, a practitioner of homœopathy, and of his success in the treatment of the same disease with the same drug, but on a different principle! Our orthodox colleague evidently practises without principle. "'Tis true, 'tis pity, pity 'tis, 'tis true."

*Homœopathic World.

WHAT IS MODERN HOMŒOPATHY?

BY S. W. WETMORE, M.D.*

Mr. President and Gentlemen.—Some writer (his name escapes me) says, "If one volunteers to sing or speak before a company, his efforts are open for criticism; not so if he appear by request." I may justly hope, therefore, for some indulgence while considering the theme and responding to the interrogation of "What is Modern Homœopathy?"

When I began to read medicine in 1852 I had scarcely crossed the threshold of my preceptor's office when I heard him respond to that interrogation in this wise: "It is a d——d humbug, and I'd kick any d——d fool out of my office who would have the audacity to advocate it."

A few days later the then great surgeon, Prof. Horace Ackley, M.D., of Cleveland, Ohio, corroborated this statement with great vehemence, using more potent and a greater number of adjectives.

I looked upon these men as expounders of the law, as exponents of the great truths and principles which should guide me in my chosen profession. Anything and everything advocated or condemned by them was stored away in memory's granary as facts unchangeable. Hence I was the better prepared to listen to the inuendoes, yes, satire, ridicule and condemnation of homœopathy by the faculty, at Ann Arbor, Michigan, where I attended lectures in 1857. During that long six months' course almost daily I heard it, as all medical students hear it, denounced bitterly as an atrocious imposition upon the credulity of mankind. One Professor, with no little show of philosophic bearing, would dissipate it into thin air by his mock analysis; another would give Voltaire's famous definition, "The art of amusing the patient whilst nature cures the disease," while another would jocosely laugh at the infinitesimal medicinal moonshine, and declare it was as evanescent as Broussaism and would vanish like an *ignus fatuus*. My class-mates, all my associates, the students en masse, e'en the atmosphere I breathed in and about the college, all were impregnated with anti-similars. In short, during my entire pupilage I heard but one verdict, "*a gigantic humbug*," a doctrinal monstrosity, and those who practiced it uneducated impostors. So time passed on, as time had gone, and with it my old prejudicial feelings which received a new impetus by listening to the lectures of the venerated

* Read before Buffalo Medical Association, Sept. 4, 1877.

Charles A. Lee, in 1861, in the University of Buffalo. On reviewing the state of my mind at that period I remember that I looked upon the old Professor as almost a monomaniac upon the subject of infinitesimals, while his colleagues seemed to take it jocosely and were much more liberal and rational, and evinced much more charity for what they seemed to term a harmless mode of treating disease.

The following spring I bore away my hard earned diploma, proud of my alma mater, and full of *l'esprit du corps*, ready to reiterate all I knew, and much that I did not concerning this subject matter, losing no time in doing so at every favorable opportunity, to my pupils, my private classes, and in the dissecting room of this college, for seven years, although I knew nothing of homœopathy save that which I had gleaned from Pereira's *Materia Medica*, volume one, page 168, I had never read one of its journals, or even conversed with one of its physicians. I positively knew nothing of that which I condemned, the measure and cause of my intolerance was my ignorance, as is the case of nineteen-twentieths of the physicians of our school throughout the globe to-day. The traditional teachings of our masters as well as the power of custom and fashion, or society's opinion seemed to have held sway over our will to investigate that which was seemingly absurd. When we are to the world most wise we are really most replete with folly, and our ignorance struts in the garb of knowledge. We are too apt to allow some one else to think for us; to think under others' supervision. We should not take everything at second hand, but think, act, try, analyze and experiment for ourselves more.

During the two winters it was my pleasing duty to teach Anatomy in the medical department of the University of Worcester, at Cleveland, Ohio, I heard more of homœopathy, saw more of it, and realized its importance and status in society more than ever before. When I returned to my practice in the spring of 1872 I resolved to investigate for myself. I procured Hempel's work, read its preface, introduction, theory, etc., etc., with no little pleasure, but as soon as I had read his *modus operandi* of preparing remedies, attenuations, triturations, doses, etc., I threw down the book with that too familiar adjective, more forcible than euphonious, though uttered by that famous old surgeon, my preceptor, Dr. Sherwood, many years ago. I averred that Hahnemann must have been an old idiot, or a monomaniac, and his followers must needs be knaves or fools, for it was certainly the chief of humbugs. Without any fur-

ther investigation we laid homœopathy on the shelf, where M. Andral and Sir James Y. Simpson, Hooker, and Holmes had laid it many years before (and I have reason to think now with about the same amount of reasoning). I was taught to think that they were great men, and I was willing to adopt their conclusions and think as they did, for I could not, through any known mode of reasoning, make it appear obvious that the law of *similia similibus curantur* was a correct one, and that an infinitesimal dose of a known drug could have any utility whatever in the treatment of disease. Dr. John Hunter used to say to his pupils, "don't stop to think, but try, act, experiment, and analyze for yourselves." Other great philosophers, like Bacon, Bartlett, and Hugh Miller, have taught us that "no *a priori* reasonings or considerations could establish either the truth or falsity of alleged facts." Verification or confutation can only be established by experiment. Fear and incomprehensibility have kept us, like the old mariner, for many years hugging the barren shores of tradition. Descartes kindled a furious war against the theory of gravitation on the ground that it was incomprehensible, not knowing how bodies not in contact could affect each other. The opponents of Copernicus maintained that the earth stood still, otherwise a stone would not strike at the foot of a tower when let fall from the top. Whoever dares to hold an opinion of his own is considered and declared an outcast, a pariah, but where should we stand to-day in astronomy if Galileo, Kepler, and Newton had not been of a different mind from Ptolemy? Forced as I was to recognize the possibility of experimental research opening to my prejudiced mind the mysteries of this then supposed moonshine doctrine of similars, I demurred on account of its preposterous character, and from that time up to within a short time I have been playing the part of a blind horse on a treadmill. Who among us has not at times been forced to give homœopathy a thought? What physician of ordinary observation has not seen favorable results under homœopathic management that were considered hopeless cases in their own hands? It is true we have had many, many, very many like cases with like results that they had considered incurable, but "let us give the devil his due." In the one case too little medicine, in the other too much, might have been given; extremes in both methods of treatment are not uncommon. That we, as rational prescribers, give too much medicine daily does not admit of cavil or doubt. I believe that nine-tenths of the cases that we are called to see will get well without any medicine at all, only

requiring good nursing, dietetic and hygienic measures dictated by good sound sense assisting the *vis medicatrix natura*.

Show me the practitioner of five, ten, fifteen, or twenty years' experience who has not, time without number, become disgusted with drugs, having lost confidence in them and in his own ability, and who has not had a constant routine of disappointments and errors, and I will show you one who has given very little medicine. We are constantly floating on a sea of doubt and groping in the dark. When I began the practice of medicine I supposed it was a fixed science, as certain in practice as it appeared true in theory. I thought we had fifty specifics for every disease. I know now we have a hundred diseases without a specific. *Magendie* says "Medicine is no science." "The science of medicine," says Sir Astley Cooper, "is founded on conjecture." Sir John Forbes declares that in a large majority of cases diseases are cured by nature in spite of the doctors. Dr. Mason Good said of medicine that it was a jargon, and had destroyed more lives than war, pestilence and famine combined. Old Dr. Holcombe thought that doctors were blind men and struck at disease in the dark, and lucky if they killed the malady and not the patient.

Who does not admire the remark of the dying Dumoulin, "that he left the two greatest physicians behind him, *diet* and *water*?" and who does not concur in the exclamation of Frapart, "Medicine poor science, doctors poor philosophers, patients poor victims:" Having thus digressed, let us return to the question, what is the *Modern Philosophy of Homæopathy*? According to Holcombe, "it is the cure of a natural disease by producing a similar artificial disease in the same parts and tissues, which can only be done by drugs or remedies which produce similar symptoms; hence, *similia similibus curantur*, or 'like cures like.'"

The idea of similars was enunciated long before the Spartan republic in a book on the relations of medicine to man, attributed to Hippocrates, and at any rate the product of a remote period. The sentence is in original Greek, and says, "sick people are cured by remedies which produce analogous diseases." To one who has carefully traced the progress of medicine through the various chronological periods from the days of Galen to the present time it will appear obvious that not unfrequently diseases have been cured in accordance with the law of similars, or by remedies which in health are capable of producing analogous maladies.

Dr. Holcombe says, "This is the fundamental idea of ho-

homœopathy, its true basis, its corner stone, its only essential element. All questions of doses, pellets, globules, tinctures of dynamizations, of what Hahnemann said, of what this or that disciple said or did, of imagination, diet, etc., etc., have no logical bearing on the question, and are altogether collateral and impertinent." The principle of homœopathy is independent of the dose. The best dose can only be adjusted by observation and experiment. An ounce of sulphate of magnesia given in a case of diarrhœa is as homœopathic as if it was given in grain doses. In the treatment of ordinary diseases, however, doses so small that they would be entirely harmless to a healthy system, and difficult of analysis by our ordinary methods have certainly been proven by experiment to be most curative in the treatment of diseased conditions. This may not appear so strange when we take into consideration "all the great operations of nature, those of heat, light, chemical action, etc., and those also of the human frame, especially the wonderful modifications of the nerve fluid, and the physio-chemical changes of nutrition, are carried on by microscopic, atomic, and infinitesimal movements, entirely transcending our imagination."

"There are many natural agencies, malaria, effluvia, etc., which cannot be seen, felt, weighed or analyzed by man, that produce the most powerful morbid impressions on the system, so gradually, and insensibly too, that man at the time is wholly unconscious of their action. It is not unreasonable to suppose that drugs may act in a similar manner, nothing being felt by the patient during the gradual removal of the disease. The modern discoveries in physical science help us not only to realize the existence and powers of infinitesimal atoms of medicine, but they give us some information of how they act. It is conceded that all the operations of nature, the beginnings of life, take place on an infinitesimal scale. Light causes the chemical changes in the ultimate cells which determine the organization of plants. Now the wave length of each ray of light is many millionths of an inch, and thousands of millions of vibrations of that wave of light occur in a single second. Each individual vibration of that infinitesimal wave contributes its share to the grand result, the growth and forms of the vegetable kingdom. Not one vibration could be changed or lost without affecting the first steps of organization, and thereby modifying the whole final issue. From this fact we easily pass to the corresponding idea that the homœopathic atom may start or excite in the diseased ultimate molecule infinitesimal changes of nutrition which shall quietly and imperceptibly

affect organic movements of which we see only the beneficent result."

It would seem from consulting the best authority in this school that in the treatment of disease homœopathy has its limitation. It cannot always be brought into requisition from the fact that it only professes to cure those morbid conditions which can be imitated on the healthy body. It does not claim to be complete in itself, but simply a reform in the department of therapeutics, that homœopathy begins where allopathy ends, and therefore the homœopath should be thoroughly acquainted with every system of medicine. Holcombe defines a homœopathic physician "to be one who uses the surgical, obstetrical, mechanical and chemical measures of the old school, and in the treatment of disease is guided by the homœopathic law." This law seems to have been partially recognized by several distinguished modern writers of our school. The first citation is from Trousseau. "There is every proof that local inflammations are frequently cured by the direct application of irritants, which cause a similar inflammation, the artificial irritation substituting itself for the primitive one." *Trousseau et Pidoux traite de therapeutique*, tome one, page 470. Upon this ground, (says Dr. Simon's *Cyclopedia of Practical Medicine*, volume four, page 375,) "we are disposed to suggest the use of strychnine in tetanus, not that we have become followers of Hahnemann, but that it is a simple and undeniable fact that disorders are occasionally removed by remedies which have the power of producing similar affections." "The same medicine may produce opposite effects in health and disease," says Wood. "Thus, cayenne pepper, which produces in the healthy fauces redness and burning pain, acts as a sedative in the sore throat of scarlet fever. A concentrated solution of acetate of lead acts as an irritant, while the same solution very much diluted will act as a sedative." *Wood's Therapeutics*, vol. I., page 32.

As philosophical practitioners we all treat diseases homœopathically every day without giving it a thought of the homœopathic law. A few of the instances might be enumerated in passing, like the ordinary applications to granular eye-lids, the ordinary collyria, nitrate of silver to ulcerated throats, or surfaces anywhere, the use of blisters, iodines, caustics in various conditions, are all examples in point. It is obvious that they produce a similar artificial disease, and the return to health is the result. It is supposed that every drug has certain affinities for certain organs and tissues of the human system, and it has been proven that "what nitrate of silver is to

the eye or throat, belladonna is to the brain, cantharides to the kidneys, arsenic to the stomach, tartar emetic to the lungs, calomel to the liver, nux vomica to the spinal cord, etc., etc."

From our own experiments we know that colocynth concentrated will produce terrible griping, given in small doses one drop of the tinct. every x, xv or xx minutes will control a certain kind of colic. Cantharides produces strangury, diluted, will relieve it in a short time. Arsenic will inflame the alimentary canal, diluted and given properly it will cure gastritis and some kinds of diarrhœa. Belladonna in small doses will relieve a congested brain, while large doses will produce it. Ipecac in large doses will produce nausea and vomiting, diarrhœa and dysentery, very much diluted it will control nausea and vomiting. I think it will not unfrequently control sympathetic nausea when everything else fails, while large doses, say grains xx to xxx, will cure obstinate diarrhœas and acute dysentery. Many, many more morbid conditions treated by like therapeutical means might be mentioned which have come within our limited experience during the last past few months, but enough to satisfy us that there is *something* in the homœopathic law of cure.

It was an accidental circumstance that caused me to take up homœopathy from the shelf where our verdict had laid it in 1872, and when I resolved to experiment I pledged myself not to take anything on the *ipse dixit* of any man, and hence I treated my cases *secundum artem*, using the lowest potencies in the form of mother-tinctures. Having had no confidence in the dilutions as recommended: the attenuations, triturations, globules, pellets, etc., I have never used them as yet. I have no sympathy whatever with those who advocate the "dynamic or spirit like" effects of medicines. If there is any utility whatever in the higher attenuations it must be (in my judgment) through the undulatory theory of the nerve force, or by the means of the law of undulatory interference, which is possible. *Nous verrons*, among the polychrests, whose pathogenesis I have carefully studied, is one remedy which, *per se*, if I were to ignore all others, would more than pay me for my pains-taking, and, if homœopathy had done nothing for therapeutics but reveal the virtues of *Aconitum Napellus* it might even die content. The multiplicity of morbid conditions controlled by this single remedy are perfectly surprising. It is principally indicated, however, in acute inflammatory diseases. I have reduced the temperature more readily and permanently with drop doses of the tinct. every x, xv, xxx or lx minutes, than with quinia, sali-

cylate soda, or anything I have ever used. I have treated the different forms of croup, catarrhal, spasmodic, and pseudo-membranous with marked success, and if I could have but one remedy in the treatment of the most formidable variety, I would use *Aconite*, and with cloths wrung out of iced or cold water applied round the neck, should expect to save more patients than we do now with all our armamentarium. Methinks I hear you questioning the homœopathicity of the application of cold, whatever the *rationale* may be. It has certainly been remedial in my hands. Its effect is probably through the *vaso-motor* nerves, or those of reflex action. The application of dry heat to superficial burns (familiar to every housewife), or turpentine to those where there is destruction of tissue, or the application of snow to parts frozen, may be accounted for in the same way, although they are among the best instances which illustrate the homœopathic neural pathology, and relieved by mechanical or mechanico-chemical measures. Cold applied to the throat the while *Aconite* is being given alternately every hour or two with bromine or iodine not unfrequently relieves the very worst forms of *false membrane croup* in a few hours. Not only in croup but many other morbid conditions of children as well as adults I have learned to look upon a few drops of *Aconite* and some of its congeners as so many little giants, and have stood with awe, like the old Jew who witnessed the contest between the little shepherd boy, David, and Goliath. He must have been astonished to see the great giant fall from the effects of a little pebble stone after having resisted sword and bludgeon for so long a period. It is seemingly unnecessary to detail the great variety of cases I have treated by the law of similitude, the most of which have been equally as encouraging. *Post hoc ergo propter hoc*. "That a little leaven may leaven the whole lump." That it is better to be penny wise than pound foolish; that there is *multum in parvo*, though that little be of spectroscopic dimensions, and that these medicinal infinitesimals hold sway over morbid conditions administered in accordance with the law of *similia similibus curantur*; to say the least, *at times*, more satisfactory than remedies given according to the principles of *contraria contrariis curantur*. This result being the product of my own experimentation, I am positive of the integrity of my deductions, and inasmuch as it is our right and duty to employ any method or measure which the vast domain of nature may offer, I know of no good reason why I should not persist with my research, and adopt all that may be utilized in the treatment of disease.

(Concluded on page 137.)

Obstetrical Observations.

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INFLUENCE OF POSTURE: A REVIEW.

In the April No. of the Obstetrical Journal of Great Britain and Ireland, (republished in this country) is a continuation of an article on the Influence of Posture on Women, by J. H. Aveling, M. D., Physician to the Chelsea Hospital for Women; Vice-President of the Obstetrical Society of London, Honorary Member of the Obstetrical Society of Dublin, etc. It is certainly the best article on the subject I have ever had the good fortune to see. In enumerating the causes of obstructed parturition, he says: "A cause of obstructed labor little recognized, but of frequent occurrence, is a dense condition of the perineum, which, as is the habit of skin exposed to friction, becomes tough and rigid from being constantly in contact with, and in motion upon a sitting surface. It is met with in those whose occupations necessitate their spending the greater part of their lives seated at an employment which keeps the body perpetually in action. The pressure and friction of the seat against the perineum renders it dense and unyielding, and this result is rather augmented by soft seats, for they increase the area of the bearing surface, which naturally should be upon the skin immediately beneath the tuberosities of the ischia."

After passing over ten or eleven pages of very interesting matter we come to Laceration of the Perineum. He says: The position assumed by women during parturition has a great influence upon the frequency of perineal laceration. When the dorsal reclining and supine postures are adopted during the completion of the second stage of parturition, the foetal head has to ascend the perineal incline in opposition to gravitation, and laceration is found to occur much more

frequently than when the patient kneels or lies upon the side. Indirectly posture may cause laceration by producing those deformities of the pelvic arch which force the foetal head, when passing through the outlet, back upon the perineum. Indirectly also laceration may result from the tough unyielding condition of the perineum caused by perpetual sitting.

The postural treatment, whether stitches be required or not, consists in keeping the legs together, and securing them by a bandage round the knees. Lateral recumbency should be observed during the healing process, for in the dorsal positions the skin of the sacral region is liable to be dragged upwards, and thus disturb and impede union. The discharge has also a tendency to gravitate into the vagina. There is 30 pages on the subject and the article to be continued.

I will have something to say upon the treatment of laceration in a future No. E. C. P.

PREGNANCY, LABOR AND PUERPERIUM.

ARRANGED FROM HERING'S CONDENSED MATERIA MEDICA,

BY S. LILIENTHAL, M. D.

Aconite.—Restless anxiety, fear of approaching death; predicts the day; impending abortion from fright, with vexation, circulation excited, rapid breathing; labor pains violent, follow in rapid succession, parts dry, tender, undilatable, contractions insufficient; after pains too painful, too long lasting.

Actea racem.—Complaints in pregnancy, nausea; false labor-like pains; sharp pains across abdomen; sleeplessness. Labor pains severe, tedious or spasmodic, with fainting fits or cramps. Cardiac neuralgia in parturition. Convulsions in labor from nervous excitement. Shivers during first stage of labor.

Æsculus hippocas.—Sacro-iliac symphysis gives out while walking, must sit down, still better lying.

Æthusa cynapium.—Labor pains too weak; not regular.

Agaricus muscar.—Nipples itch, burn, look red.

Aloe soccotrina.—Lameness which seems to arise from a sense of weight and pressure into the pelvis, during pregnancy.

Alumina.—Gastric and abdominal symptoms during pregnancy.

Anacardium.—Nausea during pregnancy, worse before and after, better while eating.

Antimonium crud.—Gastro-intestinal and hemorrhoidal affections during pregnancy.

Antimonium tart.—Gastric derangement, vomiting of mucus; belching; disgust for food; salivation.

Apis mellifica.—Abortion during the early months. Mammæ burning, stinging, swelling, hardness, even suppuration.

Argentum nitric.—Disposed to abortion. During pregnancy, stomach as if it would burst with wind, head feels expanded, nipples sore from nursing. Puerperal convulsions, spasms preceded by a sensation of general expansion, mostly of face and head. Sometimes just after an attack she lies quiet, but before another she becomes very restless.

Arnica.—Threatened abortion from falls, shocks, etc.; nervous, excited; feels bruised. Labor pains violent, yet they do very little good;—weak or ceasing, wants to change position often; feels bruised. Soreness of parts after labor. After pains violent; return after nursing. Constant dribbling of urine after labor. Hemorrhage bright red or mixed with clots; head hot, body cool. Sore nipples, mastitis from bruises; erysipelalous inflammation.

Arsenicum.—Burning pains in mammæ, relief from motion.

Arum tryphyllum.—Lumps deep in the left mammæ, with aching pains.

Asafetida.—Mammæ turgid with milk, like in the ninth month, without being pregnant. Deficiency of milk with over-sensitiveness.

Asarum Europ.—Threatened abortion from excessive sensibility of the nerves.

Aurum met.—Suppressed milk. Palpitation following metrorrhagia after a mole, or in child-bed, after over-exertion. Labor pains make her desperate, she would like to jump from the window or dash herself down; often with congestion to the head and chest, palpitation.

Baptisia tinctoria.—Threatened abortion, during typhoid. Stomatitis materna. Lochia acrid, fetid. Great prostration.

Belladonna.—Lochia offensive, feeling hot to the parts. Labor pains deficient;—cease, have only periodical slight pressure on sacrum; amniotic fluid gone; yet os still spasmodically contracted. Appears as if stunned; semi-conscious and loss of speech; convulsive movements in limbs and muscles of the face; paralysis of right side of tongue, foam at mouth, renewal of fits at every pain. Retained placenta, with profuse flow of hot blood, which speedily coagulates.

Benzoic Acid.—Gastric derangements when ascending a height.

Borax Veneta.—Labor pains accompanied by violent and frequent eructations; milk is too thick and tastes badly, often curdles soon after it is drawn. Constrictive pains in left mamma when child nurses the right. Gripping and sometimes stitches in left mamma, and when the child has nursed she is obliged to compress the breast with the hand, because it aches on account of being empty.

Bromium.—Hard, uneven tumor in the right mamma, firmly adherent to its surroundings, with lancinating pains, worse at night.

Bryonia.—After pains excited by the least motion, even taking a deep inspiration. Lochia too profuse, with burning pain in uterine region; suppression of the lochia, with sensation as if the head would burst. Drawing or lancinating pains from hip to foot, worse from touch or motion. Breasts feel heavy, pale, but hard and painful. Scanty secretion of milk. Tensive burning and tearing pains in mammæ.

Cactus grand.—Mastitis, sensation of fullness in the chest; over-sensitive to cold air.

Calcarea ostrearum.—Abortus. During pregnancy great fatigue from walking, from feeling of lameness in pelvis. Lochia last too long and have a milky appearance. Mammæ distended, but milk scanty. Ulcer on the nipple.

Calcarea phosphor.—Weariness in all the limbs during pregnancy. Child refuses the mother's breast, the milk tastes saltish. Milk acid, watery, thin, neutral. Mammæ sore to the touch. Pains and burning in the mammæ. Nipples aching, sore.

- Camphora*.—Labor pains weak or ceasing, will not be covered, restless, skin cold. Suppuration of the mammæ, fine stinging in the nipples.
- Cannabis sativa*.—Threatened abortion in gonorrhœic patients.
- Cantharis*.—Vomiting with violent retching and some colic. Burning at the pylorus. Retained placenta or membranes; usually with painful urination. Puerperal convulsions.
- Capsicum*.—During pregnancy, heartburn, vomiting; mucous diarrhoea, hæmorrhoids, burning in anus.
- Carbo animalis*.—During pregnancy, nausea, worse at night. Lochia long, lasting, thin, offensive, excoriating, with numb limbs. Mammæ: darting pains of nursing women, arrests breathing, worse from pressure, hard, painful spots; swollen, inflamed (erysipelatous), during confinement.
- Carbo veget.*—Labor pains weak or ceasing, with great debility, especially after violent disease or great loss of fluids. Debility from nursing. Lumps in the mammæ, with induration of the axillary glands. Brown, foul smelling lochia.
- Caulophyllum*.—Threatening abortion, spasmodic bearing down pains; vascular excitement, tremulous weakness; pains, severe in back and loins, but uterine contractions feeble; slight flow. Habitual abortion from uterine debility. Tormenting, useless pain in the beginning of labor. Labor pains short, irregular, spasmodic; patient very weak, no progress being made. Spasmodic rigidity of the os, delaying labor; pains like needles in the cervix. Pains become weak, flagging from long protracted labor, causing exhaustion, thirsty, feverish. Passive hemorrhage after abortion or confinement. Protracted lochia; great atony; oozes passively from the relaxed uterine vessels. Suppressed lochia. After pains, especially after exhausting, lengthy labor; spasmodic, across the lower abdomen and extending into the groins.
- Causticum*.—Spasmodic labor pains. Milk almost disappeared in consequence of over-fatigue, night watching and anxiety. Nipples sore, cracked, surrounded with herpes.
- Chamomilla*.—Threatened abortion with discharge of dark blood. Labor pains spasmodic and distressing; tearing pains down the

legs. Rigidity of the os, scarcely able to endure the pains. Hour-glass contraction, irritable, thirsty, desire for fresh air, restless. Puerperal convulsions, after anger, or has one cheek red, the other pale. Very distressing after-pains. Suppression of the lochia, followed by diarrhoea, colic and toothache. Mammæ hard and tender to the touch, with drawing pains. Nipples inflamed and very tender.

Chelidonium.—Longing for unusual articles of food, during pregnancy. Milk diminished.

Cicuta virosa.—Eclampsia during childbed.

Cinchona.—Nymphomania of lying-in women. Abortion; abdomen distended, belching does not relieve. Labor pains cease from hemorrhage, cannot have the hands touched. Uterine hemorrhages, ringing in ears, fainting, cold, loss of sight; discharge of dark clots; uterine spasms, twitches, jerks, wants to be fanned. Lochia lasts too long; drawing about ovaries; or discharge fetid or cheesy, purulent.

Cistus canadensis.—Induration and inflammation of the mammæ. Left mamma inflamed, suppurating, with a feeling of fulness in the chest; sensibility to cold air; scrofulosis.

Cocculus.—Discharge of bloody mucous from the uterus during pregnancy; spasmodic and irregular labor pains. Terrible pain in small of back, with hour-glass contraction of uterus. Spasms following difficult labor and those brought on by changing the position of the patient.

Coffea.—Excessively severe pains from threatened abortion or labor. Labor pains ceasing, with complaining loquacity. During labor or after pains, extreme fear of death. Puerperal fever from mental excitement, frequent crawling, with feverish warmth, tongue moist, no thirst; delirious talking, eyes open, shining; violent abdominal pains, with over-sensitiveness, despair, sleeplessness.

Colchicum.—Feverish restlessness in the last months of pregnancy. Nipples dark, brownish-red protruding, unbearable pain on the slightest touch by the child; breasts full, skin hot, pulse strong (lying-in 4th day).

Colocynthis.—During pregnancy, frequent attacks of colic, which draw the patient nearly double. Suppression of the lochia, with violent colic—from anger or indignation;—with tympanitic swelling of the abdomen and diarrhœa.

Conium mac.—Terrible nausea and vomiting during pregnancy. Rigidity of the os uteri during labor. Cough during pregnancy, worse at night. Hardness of the right mamma, with painfulness to touch, and nightly stitches in it. Stitches as with needles in the left mamma.

Crocus sat.—Lochia dark, stringy.

Croton tigl.—Breasts hard and swollen with pains from nipple to scapula. Nipple very sore to the touch, excruciating pain running from the nipple through to scapula of same side, when the child nurses.

Cuprum met.—Spasms during parturition, with violent vomiting; or with every paroxysm, opisthotonos, spreading out the limbs and opening the mouth. Clonic spasms during pregnancy, when the attack commences in one part, as in the fingers, or a limb, and gradually spreads. Most distressing after-pains, particularly of women who have borne many children. Cramping after-pains, which often produce cramp in the extremities. After confinement, rash and convulsions. Swelling and induration of the mammæ.

Cyclamen.—Loathing and nausea in mouth and throat.

Dulcamara.—Suppressed milk from taking cold. Lochia suppressed by cold or damp. Herpes on mammæ of nursing women.

Erigeron.—Bloody lochia return after the least motion. Worse by rest.

Ferrum.—Prevents abortion, promotes expulsion of moles. Spasmodic labor-pains. Uterine hemorrhage with labor-like pains, glowing face; flow watery or containing lumps; pulse full, hard.

Fluoric acid.—Itching, redness and swelling of right nipple.

Gelseminum.—During pregnancy, double vision, headache, drowsiness, vertigo, pulsating carotids, small, slow pulse; cannot walk, for muscles will not obey; cramps in the abdomen and legs; convulsions with unconsciousness. Labor pains gone, os widely di-

lated, complete atony ; drowsy ; albuminuria. Labor delayed by rigid os, or when pains go from before backwards, the uterus seems to go upward. Sensation like a wave, from uterus to throat, ending with a choking feeling ; this seems to impede labor ; impending spasms. Convulsions during labor, puerperal spasms, preceded by great lassitude, dull feeling in the forehead and vertex, fulness in the region of the medulla ; head feels big ; heavy, with half stupid look ; face deep red ; speech thick ; pulse slow, full ; from protracted labor : rigid os uteri ; albuminuria. Nervous chills, chatters during first stage of labor.

Glonoine.—During pregnancy congestions. Eclampsia ; unconscious ; face bright red ; puffed ; pulse full, hard. Urine copious and albuminous.

Graphites.—Tendency to obesity. Nipples painful.

Guayacum.—Chilly crawls over the mammæ.

Hamamelis.—Sore nipples. Phlegmasia alba dolens. Varicose veins.

Helleborus.—Puerperal convulsions.

Helonias.—Threatened abortion, especial in habitual abortion. Albuminuria during pregnancy ; great weakness, drowsiness. Nipples sensitive, painful, breasts swollen, nipples tender, will not bear the pressure of ordinary dress.

Hepar Sul.—Frequent momentary attacks of nausea. Mammæ swollen, not sensitive to touch, but she cannot walk up or down stairs.

Hyosciamus.—Painless diarrhoea of lying-in women. Hemorrhage after labor, after miscarriage ; spasms ; twitchings of single muscles. Puerperal spasms, shrieks, anguish ; chest oppressed, unconscious.

Hypericum.—Labor pains tardy. After-pains violent, in sacrum and hips, with severe headache ; after instrumental delivery.

Ignatia.—Milk diminished. After-pains with much sighing. Puerperal convulsions, commence and terminate with groaning and stretching of the limbs, accompanied with vomiting.

Iodium.—Should not be given during lying-in, except in high potencies.

Ipecacuanha.—Hemorrhage from the uterus, blood bright red, profuse, clotted, nausea; breathing heavy, oppressed; stitches from navel to uterus. Labor-pains spasmodic, cutting across from left to right; nausea; clutching about the navel. Lying-in rash.

Iris versic.—Morning sickness, vomit sour or bitter.

Kali carb.—During pregnancy, vomiting; discharge of coagula. Abortion impending, with pains from back into buttocks and thighs. Consequences of abortion and labor; back weak, sweat, dry cough, prolonged metrorrhagia. Labor-pains insufficient; violent backache, wants the back pressed; bearing down from back into pelvis. Sharp cutting pains across lumbar region, or passing off down the buttocks, thus hindering labor; pulse weak. Promotes expulsion of moles.

Kreasotum.—Nausea during pregnancy. Vomiting before breakfast of sweetish water, breakfast and dinner retained. Vomiting after supper. Metrorrhagia threatening abortion (third month, blood black). Tightness across the pit of stomach. Very offensive excoriating lochia; repeatedly almost ceasing, only to freshen up again. Lochia blackish, lumpy and very offensive. Stitches in the mammæ.

Lachesis.—Lochia fetid, urine suppressed, face purple, unconscious, abdomen swollen; puerperal fever. Milk thin, blue; she awakens always sad, despairing.

Ledum palustre.—Milkleg. During last months of pregnancy an indescribable pain, like a gnawing stiffness, in sacrum and hip bone, down over the whole thigh, worse when standing.

Lilium tigrinum.—Delayed post partum recovery (sub-involution). Lochia last too long, are profuse, excoriating; dragging pains; smarting in urethra after urination; fears an internal incurable disease. Cutting left mamma through to scapula; sighing, short breath. Cramp-like pain in left mamma, shoulder and fingers.

Lobelia inflata.—Morning sickness; nausea and vomiting during pregnancy, with profuse running of water from the mouth; with every uterine contraction violent dyspnœa, which seems to neutralize the labor pains; rigid os uteri.

Lycopodium.—Disposition to miscarriage ; moles. During labor pain she must keep in constant motion, with weeping. Labor pains run upward. Nipples sore, fissured, or covered with scurf, bleed easily.

Magnesia muriat.—The labor pains are interrupted by hysterical spasms.

Mercurius.—Expels moles. Milk scanty or spoiled, child refuses it. Mammæ swollen, hard, with sore pains, ulcerated nipples ; sup-puration of the mammæ.

Merc. protoiod.—Morning sickness.

Millefolium.—During pregnancy, cramp-like affections. Lochia too copious. Lochia suppressed, violent fever, no milk, convulsive twitchings, great pains. Sore nipples.

Muriat. acid.—Puerperal fever.

Natrum carb.—Expels moles, prevents false conceptions. Labor pains weak, or accompanied with anguish and sweat, with desire to be rubbed.

Natrum mur.—Labor progresses slowly, pains feeble, seemingly from sad feelings and forebodings.

Nitric acid.—Metrorrhagia after abortion or confinement. Hard nodes in mammæ. Atrophy of the mammæ.

Nux moschata.—During pregnancy, worse from fright, anger, etc.; nausea and vomiting ; difficult stool ; dyspnoea with upward pressure ; fainting, drowsiness ; skin dry, cold ; abdomen sensitive. Threatened abortion ; hysterical females disposed to fainting ; fears she will abort. Labor pains false, weak or spasmodic, irregular ; drowsy, faint spells, the pains being too weak. Eclampsia, head jerked forward ; especially hysterical women, who easily faint and suffer from great languor in back and knees ; drowsy before and after spasms. After delivery, flatulence with labor-like pains. Uterus remains uncontracted ; anteversion. Mammæ too small.

Nux vomica.—During pregnancy, morning sickness, jaundice, colic, difficult breathing from upward pressure. Abortion (especially for precursory symptoms). Labor pains spasmodic, cause urging to stool and to urination ; cause fainting ; are worse in the

back ; are too violent. After pains violent and protracted. Lochia scanty and offensive.

Opium.—Violent movements of the fœtus. Abortion threatening ing after great fright, especially if in the latter part of pregnancy. During parturition, cessation of labor pains ; coma ; retention of stool and urine, often from fright. During and after labor, spasm, with loss of consciousness and drowsiness, open mouth ; coma between the paroxysms. Suppression of lochia from fright, with sopor.

Petroleum.—During pregnancy, diarrhœa and vomiting, worse riding. After confinement imagines there is another baby in bed which requires attention. Itching and mealy covering of the nipples.

Phosphorous.—Labor pains distressing, but of little use ; cutting pains through the abdomen. Ulceration of the mammæ with hardness ; red spots or streaks ; fistulous openings, with burning, stinging and watery offensive discharge.

Phosphoric acid.—Itching, pricking like flea-bites between the mammæ, obliging her to rise at night. Sharp pressure in the left mamma. Scanty milk, with debility and great apathy. Deterioration of health from nursing.

Phytolacca.—Pain in sacrum down to knees and ankles, then up the sacrum ; jerks here and there, after confinement. Inflammation, swelling and suppuration of the breasts. Nipples very sensitive. Breast hard as a stone, after weaning. Nipples sore and fissured, with intense suffering on putting the child to the breast ; pains seem to start from the nipple and radiate over the whole body. Excessive flow of milk, causing great exhaustion. Gathered breasts with large, fistulous, gaping and angry ulcers, discharging a watery, fetid pus. Mammary gland full of hard, painful nodosities.

Platina.—Contractions interrupted by the sensitiveness of vagina and external parts ; labor pains spasmodic, painful, but ineffectual. After labor, so sensitive she cannot bear the touch of the napkin.

Plumbum.—Feeling as if there was not room enough in the abdomen, at night in bed, must stretch violently. Abortion from lead poisoning, or child lives only a year or two.

Podophyllum.—During pregnancy, can lie comfortably only on stomach, early months, sharp pain in right groin, preventing motion, latter months of pregnancy; frequent nocturnal urination during pregnancy; swelling of the labia during pregnancy. After pains with heats and flatulency, also with strong bearing down.

Psorinum.—During pregnancy, congestions; foetus moves too violently, abdomen tympanitic; nausea, vomiting. Mammæ swollen, painful; redness of nipples, burning around them. Pimples, itching violently about nipples, oozing of fluid, second month of pregnancy.

Pulsatilla.—Threatened abortion; flow ceases and then returns with double force, ceases again and so on. Promotes expulsion of moles. Labor pains deficient, irregular or sluggish; spasmodic; excite suffocation and faint spells, must have doors and windows open. Retained placenta, want of action or spasmodic contraction. Post partum secondary hemorrhages from retained placenta or coagula. After pains too long or too violent, worse toward evening. Lochia scanty, becoming milky; feverish but no thirst. Convulsions following sluggish or irregular labor pains; unconscious; cold, clammy, pale face, stertorous breathing and full pulse. Milk leg. Mammæ, lumps in breasts; breasts are swollen, rheumatic pains extend to muscles in chest, also to shoulders, neck, axillæ and down the arms. change from place to place—during nursing. Milk suddenly suppressed, lochia become milky, white. After weaning, breasts swell, feel stretched, tense, intensely sore; milk continues to be secreted.

Rheum.—After abortus urinary complaints. Milk of nursing women yellow and bitter; infant refuses the breast. Diarrhoea in first days after confinement, with colic, tenesmus, prostration, restlessness, fear of death; stools watery, offensive.

Rhododendron.—After parturition burning in the uterine region, alternating with pains in the limbs; fingers spasmodically flexed.

Rhus toxicod.—During pregnancy, discharge of blood; pelvic articulations stiff when beginning to move. Abortion impending from straining or over-exertion. Lochia vitiated and offensive, lasting too long or oft returning. Milk leg; also metritis after de-

livery, with typhoid symptoms. Mammæ swell from catching cold, streaks of inflammation; galactorrhœa; milk vanishes with general heat.

Sabadilla.—Gastric ailments, or nausea and regurgitation of bitter mucous; empty feeling in stomach.

Sabina.—Promotes the expulsion of moles. Tendency to abortion, especially at the third month; discharge of bright red, partly clotted blood, worse from any motion; pain from sacrum to pubes. Metritis after parturition.

Sambucus nigra.—Mammæ red and swollen, milk diminished.

Sanguinaria.—Threatened abortion, with nausea, pains in loins, extending through hypogastric and iliac regions and down the thighs. Mammæ, stitches in both; sore to touch under right nipple, and painful soreness of the nipples.

Secale cornutum.—Arrested development of the fœtus. Threatened abortus, more especially at the third month, with copious flow of black, liquid blood; false labor pains with bloody discharge. After abortus, difficult contraction of the uterus, thin, black, foul smelling discharge. During pregnancy, frequent and prolonged forcing pain, particularly in thin, ill-conditioned women; cramps in the calves. During labor, prolonged bearing down and forcing pains in the uterus; pains irregular; pains too weak; pains feeble, distant or ceasing; everything seems loose and open, no action; fainting fits. Strength of the uterus weakened by too early or perverted efforts. Labor ceases, and twitchings or convulsions begin. Puerperal convulsions with opisthotonos. Retained placenta, with constant strong bearing down in the abdomen, or with relaxed feeling in the parts. After pains too long and too painful. Lochia dark, very offensive, scanty or profuse; painless or accompanied by prolonged bearing down pain. Suppression of the lochia followed by uterine inflammation. Lack of milk, with much stinging in the mammæ.

Selenium.—During pregnancy throbbing in abdomen.

Sepia.—Soreness of the abdomen of pregnant women, feel the motion of the child too sensitively. Offensive excoriating lochia. Bleeding and soreness of the nipples, preceded by itching. Nipples crack very much across the crown.

- Silicea*.—Threatened abortion ; hemorrhage after abortion. Promotes expulsion of moles ; shooting pains. While nursing, pain in the back, increase of the lochia ; pure blood flows every time the child nurses ; complains every time she puts child to breast. Aversion of child to mother's milk, refuses to nurse, or if it does nurse it vomits. Milk suppressed. Mammæ swollen, dark red, sensitive, burning pains prevent rest at night ; also suppuration of mammæ.
- Spigelia*.—Stitches under either nipple.
- Stannum*.—Spasmodic labor-pains, they exhaust her, she is out of breath. Child refuses the mother's milk.
- Stramonium*.—During pregnancy, nausea, face-ache, full of strange fancies. Threatened abortion ; unceasing talk, singing, imploring Puerperal convulsions with copious sweating. Scanty lochia, puerperal mania, milk still copious ; many hallucinations, talks foolishly.
- Sulphur*.—Promotes the expulsion of moles. After nursing, the nipples smart, burn and bleed ; chapped nipples. Suppuration of the mammæ, with chilliness in the forenoon, heat in the afternoon. Hemorrhoids in childbed.
- Sulph. acid.*—Nausea and vomiting during pregnancy.
- Tabacum*.—Morning sickness.
- Thuja*.—Child moves so violently it awakens her and causes cutting in the bladder, with urging to urinate ; pains in left sacro-iliac articulation, running into groin. Abortion, at the third month. Labor-pains weak and ceasing.
- Trillium pendulum*.—Threatened abortion. Profuse hemorrhage. Lochia too profuse.
- Ustilago*.—Produces abortion. Labor-pains deficient, os soft, pliable, dilatable.
- Valeriana*.—The child vomits as soon as it nurses, after the mother had been angry.
- Veratrum album*.—Threatened abortion, pains with cold sweat, nausea, vomiting. During pregnancy, wants to wander about the house ; taciturn, haughty ; thirst, vomiting. Labor-pains exhaust her, fainting on least motion. Lochia suppressed, with nymphomania. Eclampsia parturientum ; pallor, collapse, anæmia, or violent cerebral congestion, with bluish, bloated face, wild shrieks, tearing the clothing. Puerperal mania, wants to kiss every one.
- Veratrum viride*.—Vomiting during pregnancy. Puerperal convulsions, during labor, after blood-letting, furious delirium ; arterial excitement ; cold, clammy sweat.
- Viola odorata*.—Dyspnœa during pregnancy.
- Zincum*.—Tendency to miscarry. Puerperal convulsions ; if an eruption (especially if a long standing one) has recently disappeared. Mammæ swollen and sore to the touch ; catamenia suppressed. Soreness of the nipples.

Veterinary.

FARCY.

BY D. ALBERT HILLER.*

On the 26th of June, Mr. F., of Gold Hill, called me to see his horse, a fine bay, valued at \$4,000, which he said he did not like to lose, but had been told by several experts that it could not be saved.

I found the horse had been sick for over a week, and had been attended by an allopathic veterinary for "Water Farcy," as he called it.

The horse had high fever, pulse 90, no appetite; under the breast and armpits were large running sores, which discharged quantities of yellow matter, looking like brewers' yeast; some fifty or more small sores were continued along under the sternum down to the false ribs and along the belly. The belly itself was inflamed, and the inflammation formed a protuberance which included the whole belly and back; the swollen parts did not discharge. The swelling also continued down the fore legs to the hoofs, so that the fore legs had not been moved for four days.

The horse had been treated with physics and oils, etc., in the regular allopathic manner; had been bled, and strong liniment rubbed all over the inflamed and affected parts. Strong salt water washings had also been used, the brine so strong that the pure salt was visible all over its breast, shoulders and ribs.

I ordered warm baths of strong Castile soap suds four times a day, and a solution of *Carbolic acid* $\frac{1}{4}$ $\frac{2}{3}$ to one quart water, to be injected into all the sores after each bath; also, a few drops of *Aconite* 3, on the tongue every two hours for six hours; then *Asafetida* 3, every three hours for one day.

On the 27th of June the horse commenced feeding, all the sores discharged freely; discovered slight, but tight and hacking cough, with symptoms of sore throat. Gave *Apis* 3, every two hours; the same external application continued.

June 28. Bloody discharge from right nostril after coughing, with a rattling in the throat and nostrils, and deep stoppage of external discharge. Gave *Fluoric acid* 3, from ten

* *Homoopathic Times.*

to twelve pellets every two hours. Discontinued external application of *Carbolic Acid*, but continued the warm soap and water baths.

June 29th and 30th. Slight improvement.

July 1st. No more discharge from the nose, and the rattling in the nose has ceased; little cough. There being no reduction of the swelling under the belly I was compelled to scarify the affected parts, so that there was not two square inches of the whole skin left. Ordered vigorous warm washing during the day, and gave *Amm. causticum* tincture 100 drops in four ozs. water every two hours, a few drops on the tongue. As food, ordered green carrots and green grass, also a bran mash.

July 2d and 3d. Improving; the skin bursting and sloughing off in such a manner that I was compelled to skin the affected parts entirely, by passing my knife along the juncture of the ribs and false ribs back to half way over the belly, around the sternum and half way down to the knees. The skin came off without any signs or loss of blood, the horse standing still all the time, without moving its fore legs, and making no resistance except a slight movement of the hind legs.

I found the raw parts lined with a whitish, spongy substance, discharging an offensive watery fluid, of a light coffee color. Commenced external application of *Carbolic acid*, in solution, as before.

The animal not having had a passage for several days, in spite of all the physics, oils, etc., which had been given him before I took charge of him, I ordered an injection of warm Castile soap suds, which relieved him of some hard balls of manure, covered over with tough slime; after which the horse had no more trouble, and improved rapidly.

July 4th and 5th. Gradual improvement: the swelling going down, belly drying up, but still discharging well in front. Ordered *olive oil* on the drying parts of the belly, knees and fore legs. Sores to be treated with *Carbol. acid* solution, as before, and warm washings as before. Continued *Amm. caust.*

July 6. Swelling gone out of the fore legs, so that the owner could take the shoes off the hoof.

July 7th and 8th. Improving; treatment the same. To-day the horse is able to back out of the stable and in again, thought not able to step forward, owing to the large sores under the arm pits. Had him well washed over the whole body while standing in the sun, then dried carefully. Treatment as before.

July 10th. Horse able to exercise half an hour. Everything healing well except under the armpits, where there are some large cracks, two inches deep, discharging a thick yellow matter. Ordered a solution of *Carbolic acid* to be injected into these every two hours, and to be kept close covered with raw cotton, rest of the body to be oiled as before. *Amm. caust.* continued.

July 13th. Improving, but not so fast as I desired, so gave *Carbolic acid* 3, every four hours, internally.

July 15th. Find that the sores under the arms have improved materially under the treatment of *Carb. acid*, internally, with the cotton covering of the sores, so ordered this to be continued.

July 18th. Horse is well; and by my recommendation has been sent out to green grass for a month.

CELENDULA FOR SEVERE LACERATIONS AND CONTUSIONS IN HORSES.

A very fine blood-mare belonging to Col. L., became greatly frightened at night on account of some unusual noises, July 4th, 1877, broke away from her stall, and in frantic attempts to get out of the barn tore away large masses of skin and flesh from her head and body. When discovered she was a pitiable object, and in great suffering. The horse doctor who was sent for said she could not live and requested permission to shoot her. The Colonel was absent and Mrs. L., said if the horse doctor could do nothing she would try. Knowing of my success with Calendula in horses she sent for a quantity and preparing a strong infusion, kept a boy constantly employed gently sponging the surface with it. The Veterinarian called occasionally to watch the treatment, appeared astonished to find the wounds healing without much of ulceration, and now that the mare is well, acknowledges that it was a remarkable cure. New skin, and new hair were formed rapidly and now she is perfectly well, without a mark or trace of the old injuries.

Other cases of cure with the Calendula, of very severe contusions could be stated.

Book Notices, Etc.

HOMŒOPATHIC MEDICAL PRACTICE. SYSTEMATIC TREATISE ON DISEASES OF THE BRAIN AND EYE, for the use of General Practitioners and students. By C. P. Hart, M.D., formerly Surgeon in chief of the Surgical Wards, chief Surgeon of the Eye Department, and President of the Board of Medical Examiners of Brown's General Hospital, Louisville, Ky. Assistant Editor of the *American Homœopathic Observer*, Author of *Repertory to New Remedies etc.*, with numerous Tables and Illustrations. Published by Edwin Albert Lodge, American Observer office, Detroit, Mich., 1878. Octavo 420 pp. cloth. Price \$3.50 with the *Observer* for 1878 at \$5.00. The *Eye Diseases alone*, with the *Observer*, \$4.00.

Prof. Charles Gatchell of the Homœopathic College of the University of Michigan says of this work :

While I cannot endorse it unconditionally in all its parts, yet I can express myself as well pleased with the work as the whole. I have already recommended it to our class, and can extend this recommendation to practitioners and students generally.

The Doctor has given in the practical part of the work much that is of value, and without that multiplicity of remedies and redundancy of symptoms so confusing to the student, and so unnecessary for the practitioner who has command of his *Materia Medica*.

What I especially admire is the peculiarly happy faculty which Dr. Hart displays in the arrangement of tables of reference, which greatly lessen the labor of selecting a remedy, while at the same time they render the choice more accurate.

Prof. Gilchrist, of the University of Michigan, says :

This work will be found a very reliable guide to the general practitioner, who is naturally unfamiliar with the minutiae of ophthalmic surgery. To the specialist it presents nothing new, and little that cannot be found in standard works. The work is announced as for the use of non-specialists, and as such we can truthfully say, that it is all that can be desired, unless the illustrations should be found open to criticism. It will be found better than *Angell's* work, inasmuch as the therapeutics receive more attention. Better than *Allen & Norton's*, as the morbid processes are more fully described.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER.

REGULATIONS.

1. This Journal is published on the first of each month, and sent, *postage prepaid*, at \$2.50 per year in advance; 2 copies at \$4.50, over two at \$2.00 each, to any addresses ordered.
2. All subscriptions commence with the volume (January of each year).
3. It is supplied to Pharmacies, News dealers and Medical Students, at \$2 per year.
4. Single numbers of the current year will be mailed at 25 cents each.
5. BACK NUMBERS required by our subscribers to complete their sets, will be mailed at 15 cts. each. Back volumes will be sent, as far as practicable, at \$1.50 unbound, and \$2.50 bound, postage prepaid. First series, 10 volumes, unbound, \$15.00, bound \$22.00.
6. It is sent FREE to all who are enrolled on our books as *Regular Contributors*.
7. EVERY COMMUNICATION should bear the name of the author, not necessarily for publication, but as a guarantee of good faith. CONTRIBUTIONS, which are not considered suitable for our pages, will always be returned on application.
8. If MANUSCRIPTS OR PROOFS are mailed in unsealed envelopes, or packages, the postage is only one cent per ounce.
9. All subscriptions are considered "*Perpetual*" until notice is given to discontinue, and such notice must be accompanied with payment of all arrearages.
10. NOTICES OF REMOVAL should be given promptly. Although the Law distinctly requires all who receive a periodical regularly, to pay for it, whether he has subscribed or not, we are frequently annoyed, when we have been sending the Journal in good faith, to be told that the Doctor to whom it is addressed, has moved away, and the physician, who takes it from the post office, will not pay for it, as he never ordered it.
11. All Advertisements of an exceptionable character are excluded. Rates for acceptable advertising, and insets, will be furnished on application.
12. REMITTANCES are at SENDER'S RISK unless sent by Post office money orders, Bankers drafts on Detroit or New York, or bank bills, in registered letters.

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EDWIN ALBERT LODGE, DETROIT, MICHIGAN.

HOMŒOPATHIC MEDICAL SOCIETY, ALBANY, N. Y.—At a meeting of the County Homœopathic Medical Society, held at the Hospital, Tuesday evening, December 11th, the following resolutions were adopted:

Resolved, 1st, That the pathological condition and the totality of the symptoms, primary and secondary, constitute the sole indications of the choice of the remedy.

2d. That the only proper way to ascertain the disease producing properties of medicines is to prove them on the healthy; and only such effects of medicines are deemed of value as are plainly the result of the toxicological action of the substances proven.

3d. That in order to secure the best possible practical results, medicines should be mainly administered singly, and in doses, which, while sufficient to cure are not so small as to be inappreciable in quantity.

4th. That the local application of remedies in many non-surgical diseases is frequently admissible and when properly employed in connection with appropriate internal treatment is often essential to a complete cure, and is not necessarily liable to abuse or to be followed by dangerous complications.

5th. That the theory of dynamization of drugs promulgated by Hahnemann in the Organon is in the opinion of this society, false in

theory, and should be discarded by the homœopathic profession.
WM. VAN DERZEE, *Secretary*.

EXPLANATION.

MY DEAR DOCTOR: Our *unanimous* Secretary caused the above Resolutions to be published in the daily papers and probably sent the same to the Medical Journals also. This is to say that two members only voted for these Resolutions—their mother and the Secretary.

Fraternally Yours, JAS. W. COX.

AT the regular annual meeting of the Albany County Homœopathic Medical Society held at the Homœopathic Hospital, January 8th, resolutions adopted at the last previous monthly meeting were unanimously rescinded:

All the physicians present January 8th, felt that a great injustice had been done the cause of Homœopathy by the publication of the above resolutions.

The following officers were elected for the ensuing year: President, Dr. L. M. Pratt; Vice-President, Dr. S. H. Billings; Secretary and Treasurer, Dr. E. B. Graham; Censors, Drs. C. E. Jones, G. A. Cox and S. H. Carroll.

ATLANTIC MUTUAL LIFE INSURANCE CO.—*Indictment of the Vice-President and Secretary for Perjury*.—In the Court of Oyer and Terminer, December 12, 1877, Albany, N. Y., after a large number of liquor cases had been called and disposed of, Col. Jas. Hendrick, Vice-President of the Atlantic Mutual Life Ins. Co., and Walter Brown, Secretary of the same company were arraigned on separate indictments for perjury by District Attorney Bailey, and plead not guilty.

The indictment in each case charges them with having in their respective capacities of Vice-President and Secretary falsely, maliciously and feloniously, on the 23d of February last, sworn to a statement now on file, in the Insurance Department of the State, regarding the value of the real estate of the company and that the amount in the bank was \$162,000. The accused gentlemen both plead not guilty, and bail was fixed at \$10,000 in each case.

The bonds were promptly furnished.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF N. Y.—The annual meeting of the Society will be held in the Common Council Chamber, Albany, Tuesday and Wednesday, Feb. 12th and 13th, 1878, for the Election of Officers, Reports of Committees, etc., and the transaction of such other business as may legally come before it.

It is hoped that there may be a *full* attendance, as it is expected that matters of *vital importance* will be considered, and it is desirable that a full expression of opinion may be indulged in by the members of the society, and thus secure the most careful deliberation and mature judgment in the decision of matters of *momentous importance*.

Members of the profession, whether delegates or otherwise, are *earnestly* invited to participate in the meeting, by presenting essays, etc., either in person or through another. The undersigned will be glad to learn the titles of papers proposed to be read as early as possible. ALFRED K. HILLS, M.D., *Rec. Sec.*

FLOWER BAROMETER.—(*Homœopathic World.*)—The latest novelty in the French capital is a simple artificial flower in fine cotton imitating a rose, daisy, hyacinth, or other flower, the petals of which are impregnated with a chemical solution which has sensitive properties, and changes colour as the weather is fair or otherwise. In fine weather the flower is blue, in changing weather lilac, and in bad weather pink. This interesting novelty is the invention of a leading scientific man in France, who attached no commercial value whatever to it, and communicated the discovery to a speculator for £20, who afterwards sold it for £120, and it was again transferred to the parties who are actually making a fortune out of it for the sum of £200. These flowers are mounted up in pretty little vases with a suitable surrounding of artificial leaves, moss, etc., and retail readily at from two to three francs each.

Mr. James Vick, of Rochester, N. Y., has imported these barometers and offer them for sale at from \$1.25 to \$2.25 each.

We have been using "*The Chemical Hygroscope*" for some time, but the ingenious French have certainly excelled in their arrangement of chemically prepared artificial flowers.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

MY DEAR DOCTOR: Thinking possibly you may, either on business, or pleasure, be in New York sometime during the winter, in behalf of the faculty, I extend to you a most cordial invitation to visit our college, and attend any or all of the lectures, and clinics.

On the afternoon of Thursday each week, a clinic Medical and Surgical is held at the Homœopathic hospital on Ward's Island—(where we generally have some six or seven hundred patients).

At any time you may desire, I will cheerfully give you a pass which will admit you to that institution.

The Surgical clinics on Saturdays, and the Medical on Mondays and Fridays, in the College amphitheater, will I think amply pay you for a visit.

Yours fraternally, J. W. DOWLING, M.D., *Dean.*

NEW YORK OPHTHALMIC HOSPITAL, EYE AND EAR, CORNER 3RD AVENUE AND 23RD ST.—Report for the month ending Nov. 30, 1877. Number of Prescriptions, 3,133; Number of new Patients, 315; Number of Patients resident in the Hospital, 39; Average daily Attendance, 131; Largest daily Attendance, 182.

ALFRED WANSTALL, M.D., *Resident Surgeon.*

MIDDLETOWN HOMŒOPATHIC ASYLUM for the Insane is doing nobly and paying its way. Such Institutions do not usually become self-supporting (receipts fully meeting expenditures) so soon.

WARD'S ISLAND HOMŒOPATHIC HOSPITAL is flourishing finely; the death rate for November last was only 5 per cent.

THE NEW YORK OPHTHALMIC HOSPITAL.—Dear Dr.: Will you please publish the following in the next issue of your Journal.

The position of House Surgeon of the New York Ophthalmic Hospital will be rendered vacant in May next by the resignation of the present incumbent. It will be filled by a competitive examination before the Board of Surgeons on March 4th, 1877. Any Physician in good standing is eligible to the position. Further particulars may be obtained from any member of the Board of Surgeons.

ALFRED WANSTALL, M.D., *Resident Surgeon*.

LONGEVITY IN AMERICA.—(*From the Philadelphia North American*).—American life, its stain and expenditure, is once more arranged because Gov. Morton died at 54, while Theirs fell off at 80, and his contemporaries, Bismarck, Von Moltke, the Emperor William, and other influential men are living at the same age. The arrangement is a repetition and not a discovery, and does not consider important facts. One of these is that the studious, calm and regular life of the French historian and statesman was a very different thing from the exciting career of the Indiana leader, and that dissimilar vital force is to be calculated with unequal conditions in reckoning their longevity. Another is that no individual is a sufficient national representative in such a case. We have now living in our own city, in the person of Gen. Robert Patterson, one who has been and done as much, and suffered as great changes of climate, and endured as much labor, as perhaps any of the named Europeans, and yet eclipsing them all in years, he is quite their equal in vigor. Here, too, at our doors is Henry C. Carey, capable of doing the work of any of the men named, at 85. And Mr. Cameron is in his eightieth year, and by no means ready to fall asleep while this Administration lasts. We recently buried Horace Binney, wanting but three years of being a century; and recalling other prominent men whose lives were active and laborious, there was Webster, who lived to 70 years; Clay to 75; Benton an additional year; Chief Justice Marshall, 80; J. Q. Adams, 81; Thomas Jefferson, 83; Lewis Cass, 84, and Chief Justice Taney, 87. The list can be easily extended, and the more it is examined the more fully it will be proved that American life is no more deadly than European, and that professional life has as good chances of continuance here as there.

Personal Notices, Etc.

ALLEN.—H. C. Allen, M.D., sends us a very good article upon the "Nine months course in our Colleges," which we regret cannot be published until next month.

BAKER.—Dr. Gideon Baker writes us from Upper Lisle, Broome Co., N. Y., December 10th 1877. "I have taken the *Observer* for thirteen years and it seems like parting with an old friend, but the best of friends must part sometime, and as I am 75 years old and it would not be of much use to me any longer as I have given up active business, therefore you will please erase *my name* from your subscription list, and I will bid you farewell expecting to meet in that upper and better world where parting will be no more, and medicines will not be needed."

ELDRIDGE.—I. N. Eldridge, M. D., of Flint, writes us in very warm terms commending Dr. Wetmore's address.

FELLGER.—The *Philadelphia Sunday Times* says that Dr. Adolphus Fellger, one of the oldest homœopathic physicians, has been honored by Emperor William, of Germany, with the degree of Knight of the Order of the Crown. This is the only instance of royal favor ever conferred upon a member of the medical faculty in the United States.

GACHELL.—We are very much pleased to be able to say that Prof. Charles Gatchell, M. D., of the Homœopathic College University of Michigan, will assume charge of the Department of "Clinical Observations" in this Journal hereafter.

GACHELL.—Prof. H. P. Gatchell, now at Mt. Airy, Georgia, will edit the department of *Climatology* for us.

HART.—C. P. Hart, M.D., will remain at his post editing the *Practice of Medicine* department.

HEMPEL.—Prof. Hempel writes: "In answer to your inquiries concerning my health, all that I can say is that, apparently at least I am holding my own. It seems to me that I see a great deal more light than I did three months ago, although I am not able to discern any objects. My appetite is very good, but I am weak and have sleepless nights. I have no great expectations of getting much better, yet I am not without hope. Every morning after breakfast I take a current of Electricity from Kidder's Battery for about twenty minutes. I also take every day a few doses of Phosphorus and Strychnine. This treatment I think is doing me good. But what I think is doing me more good than anything else, is the kindest nursing at the hand of my family, the perfect rest from all professional and pecuniary anxiety, and above all, the grace of our all merciful Lord and Redeemer.

With much esteem from my wife, etc."

The January number of *the Advance* contains a steel plate likeness of Prof. Hempel with a kind editorial notice.

LIPPE.—Dr. Ad. Lippe writes a very ill-natured criticism concerning Drs. Jones, Dunham and Hempel. Our next number will contain Dr. L's remarks, and a reply by Dr. J.

SWAN.—Dr. Burdick's reply to Samuel Swan, M.D., and Dr's rejoinder are deferred for lack of space.

WETMORE.—Dr. S. W. Wetmore whose article "*What is Homœopathy*," we commence on p. 81, is continuing his investigations, and we are pleased to be able to say, that he promises to contribute to our pages from time to time "*Notes by the Way*." He is a wide-awake Observer and publishes the truth as he discovers it without fear or favor. His address will be warmly commended. On page 81 Broussaism should read Broussaisism.

NECROLOGICAL.

JACKSON.—*The Congregationalist* of Dec. 26th, records that Dr. Mercy B. Jackson, a widely known and extremely successful homœopathic physician and instructor in medicine in Boston, died on the 13th Dec., at the age of 75. Mrs. Jackson was a remarkable woman, and her career was very interesting. Twice married, and in 1852 left a second time a widow, with a large family of children dependent upon her, she began at that time the study of medicine, and in 1860 took up her professional residence in Boston. After a persistent effort lasting for more than ten years, she succeeded in gaining admission to the American Institute of Homœopathy, which achievement assured her standing and confirmed her already abundant success. She was industrious, learned, and skillful, and as a consulting physician enjoyed the confidence of the most eminent practitioners in the city. Her professional life was a brilliant illustration of what woman can do within her own sphere.

REMOVALS.

DORAN.—Charles R, M.D., from Nashville, Tenn., to Jacksonville, Fla.

JOHNSON.—Dr. N. Johnson returns from Kansas City, to Bay City, Mich.

KNAPP.—Dr. W. T. Knapp, from Delphi to Muncie, Ind.

KNOWLES.—Dr. H. S. Knowles, from Council Bluffs, Iowa, to Avoca, Iowa.

PINKHAM.—Dr. C. E. Pinkham, from Rochester, N. Y. to Woodland, Cal.

SHERMAN.—Dr. C. F. Sherman, from Exeter, N. H. to Haverhill, Mass.

STREETER.—Dr. Geo. D. Streeter, from Quincy, Ills., to Hot Springs, Ark.

STEVENSON.—Dr. E. Stevenson, from Virginia City, Nev. to Chico, Cal.

WESTERN ACADEMY OF HOMŒOPATHY, next session will be held in Cincinnati in May.

HAHNEMANN COLLEGE OF CHICAGO—150 students are reported as now attending this College.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

DISEASES OF THE EYE.

9.—MYDRIASIS.

ABNORMAL DILATATION OF THE PUPIL.

SYMPTOMS.—This is a functional disease of the iris, characterized by an abnormal dilatation and immobility of the pupil. As slight degrees of dilatation seldom produce any special inconvenience, they are not apt to attract attention; and hence the term is only applied to those cases in which the dilatation is well marked. The pupil is not always regular, the opening being sometimes greater in one direction than in another. Whatever may be its shape and size, the pupil is generally more or less fixed, varying but little, if at all under the stimulus of light, or from use. It is also less black than the normal pupil, in consequence of the increased illumination of the fundus. The affection is generally confined to one eye.

Vision is commonly more or less impaired, especially for near objects. This arises partly from glare or dazzling, in consequence of the dilated state of the pupil, and partly from the circles of dispersion formed upon the retina, in consequence of the loss of accommodation. The latter, however, is not always present, nor is there any fixed or necessary relation between it and the degree of dilatation; for this may be extreme and the ciliary muscle but little affected, and, on the other hand, if the mydriasis is but slight, the power of accommodation may remain unimpaired.

ETIOLOGY.—The causes of mydriasis, though numerous, may be reduced to a very few heads. When binocular, the disorder is due to some deep-seated intra-ocular disease affecting the sensibility of the retina, or to certain diseases of the brain, such as basilar meningitis, apoplectic effusions at the base of the brain, chronic hydrocephalus, and diseases of the cerebellum. In the great majority of cases, however, the mydriasis is monocular, and is caused either by spasm of the dilator pupillæ and of the vessels of the iris, arising from irritation of the oculo-pupillary branches of the sympathetic nerve—in which case the ciliary muscle, and consequently the power of accommodation, remains unaffected—or else it depends upon paralysis of the constrictor pupillæ, in consequence of injury to the conducting power of the third nerve. In these cases there is often more or less paralysis of the accommodation, and in some instances the entire region supplied by this nerve is implicated, and then it is generally considered to be of rheumatic origin. In some cases, however, it is undoubtedly syphilitic. When due to irritation of the sympathetic ganglia, it can sometimes be traced to helminthiasis, spinal irritation, derangement of the digestive organs, etc. To the same class, also, belongs the ephemeral mydriasis which has been observed only at certain hours of the day, and which, as pointed out by Von Græfe, is sometimes premonitory of insanity.

TREATMENT.—This should be especially directed to the removal of the cause; for although Atropine, Bell., and other mydriatic remedies are homœopathic to the condition of the iris, they cannot be expected to prove curative unless the cause itself be removed. Hence, rheumatic cases call for such remedies as Bry., Cimicif., Colch., Rhus., etc.; syphilitic cases for Merc., Kali iod.; traumatic cases, Arnica; helminthiasis, Sant.; paralysis, Nux v., Rhus., etc. When associated with paralysis, the treatment should generally be similar to that recommended for paralysis of the ocular muscles, (which see).

10.—MYOSIS.

ABNORMAL CONTRACTION OF THE PUPIL.

SYMPTOMS.—This affection, the opposite of mydriasis, is characterized by extreme contraction of the pupil, which is sometimes reduced to the size of a pin's head, and even less. The pupil is regular in form, black, extremely limited and sluggish in its movements, and yields but slightly to the influence of Atropine.

Vision is generally impaired in proportion to the degree of contraction, the field of vision being greatly diminished and but feebly illuminated. In some cases the patient can see only during the middle hours of the day; in other cases he may be almost totally blind.

ETIOLOGY.—Myosis may be due to paralysis of the radiating fibres of the iris, or to spasm of the constrictor pupillæ. The former is most frequently met with in disease or injury of the cervical portion of the spinal cord; the latter in iritis and inflammations accompanied by great irritation of the ciliary nerves. It may also be caused by too great and long continued use of the eyes in the examination of very small objects, as in watch-making, engraving, etc.

TREATMENT.—As this disease is very rarely idiopathic, the treatment, to be effective, should be especially directed towards the removal of the cause. Simple idiopathic cases would probably be benefited by such remedies as Opium, *Phyostigma ven.*, etc.

11.—PARALYSIS OF THE OCULAR MUSCLES.

SYMPTOMS.—The symptoms vary according as the paralysis is complete or partial; that is, according as it affects all or only a part of the muscles supplied by a particular nerve.

Most frequently the affection is limited to the muscles furnished by the third nerve, or motor oculi, namely, the rectus superior, inferior, and internus. If the paralysis is complete, we have, in the first place, *ptosis*, or dropping of the upper lid, while the motion of the globe is restricted in the upward, downward, and inward directions; but as the rectus externus still retains its power, the eye is readily turned towards the temple, and may also be rolled somewhat downward and outward, through the action of the superior oblique. Subsequently, the sixth nerve generally becomes affected, and then the paralysis extends to the rectus externus. In this case the eye can no longer be turned towards the temple, but looks directly forward. Occasionally the fourth nerve becomes implicated, and gives rise to paralysis of the superior oblique.

Diplopia, or double vision, is a very annoying symptom in these cases, and is sometimes the only one of which the patient complains. This symptom is always experienced when the patient endeavors to look in the direction opposite to that assumed by the affected eye. Thus, in paralysis of the superior rectus, the inferior oblique muscle will cause the eye to deviate outward, and crossed double images will appear in the upper half of the field of vision. On the other hand, if the paralysis affect the superior oblique, the deviation of the visual line will be but slight, the double images will be homonymous—that is, on the same side—and will be confined to the lower half of the visual field.

ETIOLOGY.—Paralysis of the ocular muscles is most frequently found to be due to syphilis. Von Græfe refers nearly one-third of all cases to this cause. Many cases, however, are of rheumatic origin, or arise simply from exposure to damp and cold. Others, again, may be produced by some centrally acting cause, such as cerebral hyperæmia, effusion of blood, softening of the brain, hydrocephalus, etc. Occasionally, also, syphilitic nodes, tuberculous deposits, and tumors of various

kinds, are so situated at the base of the brain, or within the orbit or cranium, as to press injuriously upon the affected nerves, and thus cause paralysis of the muscles to which they are respectively distributed.

TREATMENT.—Recent cases, especially those of a rheumatic or syphilitic nature, are found to be the most amenable to treatment. Bry., Caust., Cimicif., Euphr., and Rhus., are generally indicated in the former, and Aurum, Kali iod., and Merc., in the latter. Of these, Causticum is the one most frequently and successfully employed, especially where the paralysis is caused by exposure to cold. The following remedies have also been recommended in particular cases :—Arnica for paralysis resulting from a blow or other injury ; Cup. acet. for paralysis of the nervus abducentis ; Senega for paresis of the superior rectus or superior oblique, especially when the diplopia is relieved by bending the head backwards ; and Spigelia when accompanied with sharp, stabbing pains. Alum., Con., Gels., Hyos., Ign., Nux v., Phos., and a few other remedies, have also been employed with advantage, when indicated by constitutional or other general symptoms, but not so frequently as those above mentioned.

Galvanic electricity has relieved a large number of cases, and may often be advantageously associated with internal treatment. According to Benedict, who cured no less than seventeen out of twenty-seven cases by galvanization, the curative action takes place, not by the direct excitation of the paralysed nerve, but by a reflex irritation through the fifth nerve. The same authority states, that in most cases a curative action is only observed when the galvanic current is relatively weak.

Prismatic glasses are sometimes used to neutralize the diplopia, by making the double images to coincide. They may also be used therapeutically, by adapting them to the eye in such a manner as merely to approximate the images, the paralyzed muscles being benefited by the efforts to unite them.

If all other means fail, and the affected muscle is not too much disabled to be incapable of producing the requisite degree of contraction, the abnormal direction of the eye may sometimes be remedied by tenotomy of the opposing muscle, as described under the head of Strabismus, (which see).

12.—NYSTAGMUS.

This affection consists in a tremulous or oscillatory movement of the eye-balls. The oscillations, which are involuntary and exceedingly rapid, vary in direction, being either horizontal, oblique, or rotatory. In most cases the movements occur simultaneously in both eyes, and in the same direction; but sometimes they take place alternately, and in different directions. The oscillations are not generally perceptible to the patient, nor do they prevent his seeing objects in their true relations; but they always impair the sight, rendering the retinal images more or less confused, in proportion to the severity and extent of the movements. It is also observed that, although the eyes appear to act in concert, and the movements take place simultaneously, the condition of the sight is often very different in the two eyes, and binocular vision is more or less disturbed. It is especially difficult for the patient to obtain a correct view of small objects, and even large ones, if numerous, or in a state of motion, may produce confusion and uncertainty. This is remedied to some extent by a habit which the patient acquires of involuntarily and unconsciously moving his head in a contrary direction to the movements of his eyes, by which he is often enabled to keep the visual axes fixed upon the object under examination.

ETIOLOGY.—The chief cause of nystagmus appears to be, over exertion of the ocular muscles in maintaining the necessary convergence of the optic axes for very near vision. This over-taxing of the external muscles is generally produced by

holding objects very near the eyes, in cases of myopia, central and other partial cataracts, opacities of the cornea, strabismus, functional diseases of the optic nerve and retina, etc.

TREATMENT.—As nystagmus usually sets in during infancy, there is some chance for it to diminish or disappear in after life ; but as a general rule it undergoes but little change or improvement, even under the most suitable treatment. This is due, no doubt, to the fact that a cure can only be effected by restoring acuteness of vision to the diseased eyes, and this is seldom possible in this class of cases. But good results are sometimes obtained by diminishing or neutralizing the impairment of vision, correcting errors of refraction, and employing the eyes in such occupations as will avoid all straining of the ocular muscles. We may also derive benefit in some cases from the internal use of Agar., Calab., Hyos., Igna., Kali brom., Nux v., Puls., and Sant.

12.—STRABISMUS.

Although the various forms of squint and their surgical treatment have been long known to the profession, yet it has been only within a comparatively recent period that our present more accurate knowledge of the pathology of strabismus, the result of a careful re-investigation of the whole subject, has been obtained. To Prof. Donders, especially, the profession are indebted for the first correct view of its nature, and of the intimate relations which it sustains to the eye as an organ of vision. He has clearly shown that, in the beginning, it is in most instances only a symptom resulting from certain conditions of refraction ; but that after it has once become established it frequently proves highly injurious to vision, and may even lead to its entire destruction. We are also indebted to his investigations for our knowledge of the highly important fact, that one form

of strabismus frequently depends upon myopia, and the opposite form upon hypermetropia.

By the term *squint*, or strabismus, (*strabismus concomitans*) we understand an inability to direct both visual lines simultaneously upon the same point. If the eye squints inward it is called convergent strabismus; if outward, divergent strabismus; if the deviation is upward, it is called strabismus sursumvergens; if downwards, strabismus deorsumvergens. If confined to one eye it is monocular or monolateral; if it alternates between the two eyes it is alternating or bilateral.

Strabismus is also divided into real and apparent, periodic and permanent. Apparent strabismus is a form in which, though there is a well marked convergent or divergent deviation of the optic axis, as in real squint, both eyes are nevertheless fixed upon the object, and neither of them undergo the slightest movement when the other is closed. Periodic squint is occasionally merely a reflex symptom, as in dentition, but generally its pathology is the same as that of confirmed strabismus, of which it is usually but the forerunner.

A.—Convergent Strabismus.

As already defined, convergent strabismus is characterized by excessive convergence of the visual lines. The convergence takes place only during binocular vision; for if the more healthy eye is screened, the squinting eye changes its position and looks forward. This also proves that the squinting eye is but little concerned in ordinary vision. In these cases, if the squinting eye is covered, the more healthy one will be found to squint. This is called the secondary squint, and is generally equal to that of the eye chiefly affected; but in confirmed strabismus it is usually more difficult for the squinting eye to direct its visual line towards a given point than it is for the other. In paralytic squint, on the contrary, the secondary deviation is the greater. This serves as a ready means of distinguishing

it from concomitant squint, in which, as we have seen, the primary and secondary movements are equal.

The extent of the squint may be determined with sufficient exactness by first marking upon the lower lid the precise situation of the pupil or edge of the cornea, when the squinting eye is turned strongly inward or outward, and then, having covered the healthy eye and fixed the other upon some convenient object, measuring the distance between their present and former position.

Convergent squint is generally due to hypermetropia. The latter is found to be present in about eighty per cent. of the cases of convergent strabismus. The reason it is so often overlooked in these cases is, doubtless, because the majority of the patients are too young to read. This will also account for the fact that periodic squint generally first appears at about the fourth or fifth year, or when the child is learning to read and spell. The explanation is this: In the hypermetropic eye the refractive power is too low, parallel rays reaching the retina before being focused, thus creating circles of dispersion upon that membrane, and thereby rendering the vision indistinct. To remedy this defect, the hypermetropic eye is obliged to accommodate for distance, just as the normal or emmetropic eye does for near objects. And since near vision requires a still greater strain of the accommodation, the accommodative faculty, which in hypermetropic eyes is never at rest, is soon over-worked. In order to lessen the strain, and at the same time increase the power of accommodation, one eye squints inward. At first it is periodic, occurring only when viewing near objects; but as the habit becomes confirmed it becomes more and more frequent, and finally it takes place at all distances, and the strabismus becomes permanent. It is not surprising, therefore, that hypermetropia should be a frequent cause of convergent squint. The only wonder is that it does not occur more frequently amongst hypermetropes than

it does. Prof. Donders thinks it arises from an effort to avoid double vision; for if one eye of a hypermetrope is screened, it will soon turn inward when the other is fixed upon near objects. On the other hand, if the degree of hypermetropia is greater in one eye than in the other, or if, in consequence of opacity, the defect of vision is greater, the tendency to squint is increased, the annoyance from diplopia being no longer sufficient to prevent it. In fact, next to hypermetropia, no more frequent cause of strabismus is known, than impaired vision. It is often seen in cases of opacity of the cornea and lens, or in some affection of the deeper structures of the eye in which the retinal image is rendered indistinct. In order to avoid the confusion resulting from the difference in the visual power of the two eyes, the patient involuntarily squints with the diseased or more defective eye. The strabismus soon becomes confirmed, and finally amblyopia from non-use of the eye is added to the defect of vision already existing. It should not be forgotten, however, that in many of these cases hypermetropia is also present, and may constitute the chief cause of the complaint.

B.—Divergent Strabismus.

As convergent strabismus is generally associated with hypermetropia, so divergent squint is most frequently met with in connection with myopia. And as the latter is most marked at a later period of life than the former, so divergent strabismus generally occurs later, not manifesting itself in some cases until after the formation of extensive posterior staphyloma. In fact, this is the chief reason that myopes are so frequently subject to divergent strabismus. For, as we have seen, the elongation of the antero-posterior diameter of the globe in myopic eyes, is due in a great measure to the yielding of the posterior portion of the globe, which gives it more or less of an ellipsoidal shape. In consequence of this extension,

the mobility of the globe is diminished, and the difficulty of rotating it in the orbital cavity is correspondingly increased. Now, as myopic vision requires a very great convergence of the optic axes, and as this is rendered impossible by reason of the ovoidal shape of the globe, it follows that binocular vision for near objects cannot be maintained without extreme exertion. The internal recti muscles soon become fatigued in the attempt to maintain the necessary inclination of the optic axes, and so to relieve the muscular weariness, and the asthenopic symptoms arising from the strong efforts at accommodation, one eye is allowed to diverge, giving rise to one of the most common forms of divergent strabismus. But Prof. Donders has shown that divergent squint may also be produced whenever the degree of myopia becomes so excessive as to require too great a convergence of the optic axes for distinct vision, or in other words, whenever objects have to be brought so close to the eyes that the requisite amount of convergence for clear vision cannot be obtained. This is most likely to happen if the internal recti muscles are relatively weak. Divergent squint is also apt to occur if one eye is amblyopic, or more myopic than the other, the diseased eye deviating outward, in consequence of the patient relinquishing all effort at binocular vision. This form of relative divergence may therefore be denominated passive.

TREATMENT OF STRABISMUS,

This will differ according as the squint is either paralytic or concomitant, convergent or divergent, periodic or permanent. If dependent on nervous irritation, the removal of the primary disease will be required. Thus, squint arising from dentition is best treated by such remedies as Acon., Bell., Cham., Coff., etc. If dependent on verminous affections, we should give Cina, Cyclamen, Merc., Sant., Sep., Spig., Sulph., etc. Pertussis calls for such remedies as Bell.,

Cast., Cin., Cupr., Dros., Phos., Verat., etc. When produced by spasm and convulsions, we may give Agar., Bell., Cic., Cycla., Hyos., Stram., Tabac., etc.

Recent cases depending on hypermetropia or myopia may be frequently corrected by using suitable convex or concave glasses, so as to neutralize the errors of refraction. If this is not done, the squint will soon become permanent, and then tenotomy of the affected muscle will be required.

As true concomitant squint, when confirmed, can only be cured by an operation, the surgeon cannot insist too strongly on its early performance, more especially as the neglect to perform it has, in thousands of instances, resulted in the loss of sight. The operation consists in dividing the tendon of the muscle in whose direction the squint occurs, thus permitting it to recede slightly, so that it may reattach itself somewhat further back. As the pain is severe, nervous persons and children will require to be anæsthetized. Then, having separated the lids by the stop-speculum, (Pl. II, Fig. 33), an assistant, if the case is one of convergent strabismus, turns the globe outwards with a pair of fixing forceps, (Figs. 36, 37); and the surgeon, seizing a small fold of the conjunctiva with a pair of delicate forceps near the lower margin of the insertion of the internal rectus, snips it through with the scissors, being careful to make the incision small, so as to obtain, as nearly as possible, the advantages of a sub-conjunctival operation. Having separated, to a limited extent, the sub-conjunctival tissue from the muscle, the surgeon now inserts the strabismus hook (Pl. I, Fig. 17), beneath the tendon, to hold it and raise it from the globe, and it is then carefully divided close to its insertion in the sclerotic, unless we desire to increase the effect to be produced, when the division may be made farther back; but, on the other hand, if we desire to limit the effect of the operation, the edges of the external wound should be brought together with a suture. It was formerly the practice in cases

requiring only a slight degree of correction, say of from one to one and a half lines, to sever the tendon only partially, leaving a few of the upper or lower fibres undivided ; but this is not found to answer the purpose.

Owing to the great change in the form of the globe, and the consequent difficulty experienced by the internal recti in overcoming the deviation, after section of the external rectus for divergent strabismus, it is frequently desirable to keep the eye in a position of forced inversion, until the rectus externus has acquired a new union with the globe at a point further back than would be the case if left to itself. This may be accomplished by passing a suture through the conjunctiva near the inner edge of the cornea, and then attaching it to the skin near the inner canthus. The suture will cut itself out in the course of two or three days, but if the patient is careful not to make undue traction upon it, it will not do so until after the muscle has formed the requisite attachment.

The question as to whether we should operate upon one or both eyes does not depend upon whether or not both eyes are affected with squint, but solely upon its extent. It is found by experience that a deviation of from two and a half to three lines is all that can be overcome by a single operation ; and therefore if the deviation exceeds this amount, we should divide it between the two eyes, assigning the greater amount of correction to the squinting eye, in order to diminish as far as possible the muscular effort.

After the strabismus has been rectified by division of the muscle, if there is any coexisting hypermetropia or myopia, it should be immediately neutralized by the proper convex or concave glasses, as already explained under the head of anomalies of refraction. This is necessary in order to secure binocular vision, to prevent a recurrence of the deformity, and to overcome the amblyopia due to the long disuse of the eye. The amblyopia is often greatly improved after the operation,

especially if the sight is exercised with strong and suitable glasses.

14.—EXOPHTHALMIC BRONCHOCELE.

MORBUS BASEDOWII, GRAVES' DISEASE, ETC.

SYMPTOMS.—This disease, the pathology of which is not well understood, is characterized by certain functional disturbances of the circulation, which give rise to violent palpitations of the heart, bronchocele, and exophthalmos. The palpitations, and other cardiac symptoms, generally occur in paroxysms, and are usually accompanied by more or less nervous excitement and dyspnœa. At first the patient may complain only of weariness and exhaustion; but the breathing is almost always difficult; the mucous membranes are pale and anæmic, especially the conjunctivæ; digestion is apt to be more or less disturbed; and, if we notice particularly, we may observe a peculiar staring expression about the eyes. As the disease progresses, the hearts' action becomes strong and tumultuous, and is accompanied by loud systolic murmurs; the paroxysms of dyspnœa increase in severity and frequency, during which the vessels of the neck frequently beat with great violence; the pulse, which previously was large, full, and perhaps not more than 80 or 100 per minute, now ranges from 120 to 150, and is irritable and jerking; the thyroid gland becomes enlarged; the exophthalmos increases, so that the lids no longer cover the globes; the stomach becomes still more disturbed, and the debility more marked; and, as the disease reaches its height, the respiration becomes shorter, more accelerated, and frequently orthopnœic. Some of these symptoms, however, are not always present, especially those connected with derangement of the stomach. On the other hand, the digestive troubles may become still more pronounced, giving rise to dyspepsia, severe

and even bloody vomiting, diarrhœa, hemorrhage from the bowels, etc.

Bronchocele is generally, but not always present in Basedow's disease. An interesting case of this kind has been reported by Dr. J. E. Morrison. The patient was a woman, aged 33, of nervous temperament, inclined to hysteria; menses "interrupted" since the third month after their first appearance. The catamenia usually appeared in the morning and flowed until noon, then suddenly ceased, or they would last from half an hour to six hours, intermitting in this manner for ten or twelve days. During the menstrual period there was active congestion of the genital organs, with puffiness of the parts on and around the pubis and vulva, exophthalmos, and forcible and tumultuous action of the heart, which could be heard several feet from the bed.

The exophthalmos is generally binocular, but does not usually become very manifest until some time after the appearance of the cardiac symptoms and goitre. Like the latter it often varies considerably, especially during the first stage, sometimes almost disappearing, at others becoming so considerable that the lids cannot be closed. The protrusion of the globe, which, as well as the swelling of the thyroid gland, has been found to depend upon a dilatation of the vessels, particularly of the veins,—generally occurs in an oblique direction, and most frequently towards the inner or nasal side. In consequence of the long-continued exposure of the cornea to atmospheric and other irritating influences, the epithelial layers become dry and rough, the xerosis increasing with the degree and duration of the exophthalmos. Sometimes, also, ulcerations of the cornea occur, which if unchecked may even lead to perforation, and, finally, to atrophy of the globe. At the same time the lids and conjunctivæ become more or less swollen and inflamed, and in some cases there are disturbances of vision; but the latter are generally caused by the coexisting

xerosis, dilatation of the pupil, etc., and very rarely by real amblyopia or amaurosis.

PATHOLOGY.—As already stated, the exophthalmos is found to be due, in the first place, to a hyperæmic swelling of the adipose cellular tissue of the orbit, which afterwards becomes more or less hypertrophied. This swelling, which may generally be diminished by pressure, is said by Virchow to rapidly disappear after death. But the true nature of the disease, and the relation which the cardiac affection sustains to the bronchocele and exophthalmos, are still involved in much obscurity and doubt. Some have referred the disease to anæmia; but anæmia, even when it gives rise to palpitations and cardiac murmurs, is not generally associated with goitre and exophthalmos, nor do these affections produce anæmia. Others, again, have attributed the protrusion of the eyes to the pressure of the enlarged gland upon the cervical vessels; but, as we have seen, the disease may occur without any enlargement of the thyroid, and on the other hand very large bronchoceles exist without any exophthalmos. The most rational and generally received theory is that which refers the disease to functional disturbances of the central parts of the sympathetic nerve. Not only do the general symptoms point to disturbances of the vaso-motor centres, but the almost numberless complications of the disease, many of which are of an extremely variable and transient character, appear strongly to confirm this view of its origin.

ETIOLOGY.—The disease is generally less severe, occurs at an earlier period, and much more frequently, in women than in men. It is often associated with disturbances of the uterine functions, especially chlorosis, menstrual suppression, etc, or with some cutaneous neurosis, such as urticaria. It has also been caused by great mental depression, sudden fright, severe bodily exercise, hemorrhages, and other debilitating influences.

PROGNOSIS.—This should always be guarded, especially

in the case of males, in whom the symptoms are usually more severe and more permanent. The disease is generally slow in its progress, especially during the first stage, or before the appearance of the goitre and exophthalmos. The symptoms frequently abate, or become less frequent; but relapses often occur, and lead sooner or later to faulty nutrition, and in some cases to death. Complete recovery is unusual, occurring only in about one third of the cases. As a general rule the function of the retina remains unimpaired.

TREATMENT.—Dr. Morrison's case, above-mentioned, was cured by the internal administration of *Lycopus virg.*, a remedy which would seem from its provings to be pre-eminently adapted to the disorder. Cures, or beneficial results, are also said to have followed the use of Amyl nit., Brom., Cact., Fer., Iod.,* Spong., Nat. m., and Bary. c; the Amyl nit., being used by olfaction alone. Other remedies which deserve attention are:—Bell., Calc., China, Cimicif., Dig., Gels., Plat., Puls., Sep., Sil., and Sulph.

Galvanic electricity, applied to the sympathetic nerve, has been employed with good success in many cases, especially in curing the goitre and exophthalmos, and also in improving the general health. This agent is also highly useful in regulating the menstrual function, upon the disturbance of which many of these cases measurably depend.

DIET AND REGIMEN.—Experience shows that whatever tends to invigorate the general system and improve the health, usually exerts a beneficial influence upon the disease. Hence, the patient should abstain from the use of stimulants, take regular but gentle exercise in the open air, make use of a plain, but liberal, nutritious, and easily digestible diet, and, avoiding all emotional or other excitement, enjoy as much quiet cheerfulness as circumstances will permit.

* See *Am. Hom. Obs.*, vol. xiii, p. 603.

Obstetrical Observations.

ELIAS C. PRIJE, M. D., 262 MADISON AVE., BALTIMORE, MD., EDITOR.

PARTURITION WITHOUT PAIN.

A CODE OF DIRECTIONS FOR ESCAPING FROM THE PRIMAL CURSE.

Edited by M. L. Holbrook, M. D., Editor of the Herald of Health.

Fifth Edition, Enlarged.

This little work contains 147 pages, and should be in the hands of every physician, of whatever school, and every married woman in the land.

It contains ten chapters, comprising nearly 100 pages, and an appendix of about 48 pages. "Chapter I. Healthfulness of Child-bearing. Chapter II. Danger of Preventions—Celibacy by the Diseased," meaning that celibacy should be enforced by law in the case of diseased persons. "Chapter III. Opinions on Painless Parturition Cases. Chapter IV. Preparation for Motherhood. Chapter V. Exercise and Occupation during Gestation. Chapter VI. The Bath ; especially the Sitz-bath. Chapter VII. Painless Parturition from Fruit Diet.—Food Generally. Chapter VIII. The Mind during Pregnancy.—Longings.—Mothers' Marks. Chapter IX. The Ailments of Pregnancy and their Treatment. Chapter X. Anæsthetics during Labor.—Female Physicians. Summary. Appendix." Treating of various interesting subjects.

There is so little said about medicine in the book that some persons would doubtless be at a loss to know to what school of medicine the author belongs. I will quote a few pages from the chapter on diet. It is so concise that to attempt to condense it any more would spoil it :

"In 1841 there was privately printed in England a small pamphlet of twenty-two pages, in which a gentleman, who was a chemist, gave an account of an experiment he himself tried in the case of his wife, whose labors had been so excessively painful that there was much reason to fear that she would not survive the next one. The result was so favorable that he felt it his duty to publish it, with his name and residence, and a reference to "the ladies, No. 27 Charlotte Street, Portland Place, London," where inquiries might be made by others wishing to verify the experiment ; and where, it was requested, might be left accounts of other successful results of the plan of action.

A few experiments were made in Boston and vicinity with distinguished success ; when the discovery of ether rather threw it into the shade.

As, however, there are persons, especially out of New England, who do not use ether, the following extracts were made from the pamphlet in question, which has now become very scarce, and, indeed, practically inaccessible. It will be best to begin by stating the principles of the system, with which the experimenter ends his account, viz.: "In proportion as a woman subsists during pregnancy upon aliment which is free from earthy and bony matter, will she avoid pain and danger in delivery; hence the more ripe fruit, acid fruit in particular, and the less of other kinds of food, but particularly of bread or pastry of any kind, is consumed, the less will be the danger and sufferings of child-birth."

The subject of this experiment had, within three years, given birth to two children, and not only suffered extremely in the parturition, but for two or three months previous to delivery her general health was very indifferent; her lower extremities exceedingly swollen and painful, the veins so full and prominent as to be almost bursting; in fact, to prevent such a catastrophe, bandages had to be applied; and for the few last weeks of gestation her size and weight were such as to prevent her attending to her usual duties. She had on this occasion, two years and a half after her last delivery, advanced full seven months in pregnancy before she commenced the experiment at her husband's earnest instance; her legs and feet were, as before, considerably swollen, the veins distended and knotty, and her health diminishing.

She began the experiment in the first week in January, 1841. She commenced by eating an apple and an orange the first thing in the morning and again at night. This was continued for about four days, when she took, just before breakfast, in addition to the apple and orange, the juice of a lemon mixed with sugar, and at breakfast two or three roasted apples, taking a very small quantity of her usual food, viz., wheaten bread and butter. During the forenoon she took an orange or two and an apple. For dinner took fish or flesh in a small quantity, and potatoes, greens and apples—the apples sometimes peeled and cut into pieces, sometimes boiled whole along with the potatoes, sometimes roasted before the fire and afterwards mixed with sugar. In the afternoon she sucked an orange or ate an apple or some grapes, and always took some lemon juice mixed with sugar or treacle. At first the fruits acted strongly on the stomach and intestines, but this soon ceased, and she could take several lemons without inconvenience. For supper she had again roasted apples or a few oranges, and rice or sago boiled in milk; sometimes the apples, peeled and cored, were boiled along with the rice and sago. On several occasions she took for supper apples and raisins, or figs with an orange cut among them, and

sometimes all stewed together. Two or three times a week she took a teaspoonful of a mixture made of the juice of two oranges, one lemon, half a pound of grapes, and a quarter of a pound of sugar or treacle. The sugar or treacle served mainly to cover the taste of the acids, but all saccharine matter is very nutritious. The object in giving these acids was to dissolve as much as possible the earthy or bony matter which she had taken with her food in the first seven months of her pregnancy.

She continued in this course for six weeks, when, to her surprise and satisfaction, the swollen and prominent state of the veins, which existed before she began, had entirely subsided, her legs and feet, which were also swelled considerably, had returned to their former state, and she became so light and active she could run up and down a flight of twenty stairs with more ease than usual when she was perfectly well. Her health became unwontedly excellent, and scarcely an ache or a pain affected her up to the night of her delivery.

Even her breasts, which at the time she commenced the experiment, as well as during her former pregnancies, were sore and tender, became entirely free from pain, and remained in the very best condition after her delivery also, and during her nursing.

At nine o'clock on the evening of March 3d, after having cleaned her apartments, she was in the adjoining yard shaking her own carpets, which she did with as much ease as any one else could have done. At half past ten she said she believed her "time was come," and the accoucheur was sent for. At one o'clock the surgeon had left the room. He knew nothing of the experiments being made, but on being asked, on paper, by the husband two days afterwards, if he "could pronounce it as safe and as easy a delivery as he generally met with," he replied, on paper, "I hereby testify that I attended Mrs. Rowbotham on the 3d instant, and that she had a safe labor, and more easy than I generally meet with."

On his asking the female midwife if she thought it as easy as usual she replied, "Why! I should say that a more easy labor I never witnessed—I never saw such a thing, and I have been at a great many labors in my time,"

The child, a fine healthy boy, was finely proportioned and exceedingly soft, *his bones being all in gristle*, but he became of large size and very graceful, athletic and strong, as he grew up. The diet of his mother was immediately changed on his birth, and she ate bread and milk and all articles of food in which phosphate of lime is to be found, and which had been left out before. She also got up from her confinement immediately and well. After her last delivery, July, 1838, full ten days elapsed before she

could leave her bed, and then she swooned at the first attempt ; on this occasion, March, 1841, she left her bed the fourth day, and not only washed but partly dressed herself. Had she not been influenced by custom and somewhat timid, she might have done so sooner. To be assisted appeared like a burlesque to her, not to say annoyance. She had no assistance from medicine ; only one bottle had been sent by the surgeon, and this she refused to take.

In the former pregnancy she has subsisted very much on bread, puddings, pies, and all kinds of pastry, having an idea that solid food of this kind was necessary to support and nourish the fœtus—and it is quite right to suppose that nutritious food is necessary for this purpose ; but nutritious food can be had without that hard and bony matter which is so large an ingredient in wheaten flour, for instance. The West India grains—sago, tapioca, rice, etc.—have little of it ; and Mr. Rowbotham made a table of substances, with the proportion of Phosphate of Lime in each, so that it may be avoided in the food during pregnancy, and used afterwards in nursing, when the bones and teeth of the child are made.

Wheat contains much earthy matter (in Parke's *Chemical Catechism*, page 194, he quotes La Grange as saying that a person who eats a pound of farina a day, swallows in a year three ounces, four drachms and forty-four grains of Phosphate of Lime).

Beans, rye, oats, barley, *have not so much earthy matter* as wheat. Potatoes and peas not more than *half as much* ; flesh of fowls and young animals *one-tenth*, rice, sago, fish, eggs, etc., *still less* ; cheese, *one-twentieth*, cabbage, savoy, broccoli, artichokes, coleworts, asparagus, endives, rhubarb, cauliflower, celery and fresh vegetables generally ; turnips, carrots, onions, radishes, garlic, parsley, spinage, small salad, lettuces, cucumbers, leeks, beets, parsnips, mangle-wurzel, mushrooms, vegetable marrows, and all kinds of herbs and flowers average less than *one-fifth* ; apples, pears, plums, cherries, strawberries, gooseberries, currants, raspberries, cranberries, blackberries, huckleberries, melons, olives, peaches, apricots, pineapples, nectarines, pomegranates, dates, prunes, raisins, figs, lemons, limes, oranges, and grapes, on the average, are *two hundred times less* ossifying than bread, or anything else prepared of wheaten flour.

Some articles, as honey treacle, sugar, butter, oil, vinegar, and alcohol, if unadulterated, are quite free from earthy matter. But still worse than wheaten flour is common salt, and nearly as bad are pepper, cinnamon, nutmeg, cloves, ginger, coffee, cocoa, Turkey rhubarb, liquorice, lentils, Peruvian bark, cascarilla, sarsaparilla, and gentian.

With regard to drinks, no water except rain and snow, as it falls, and

distilled water, is free from earthy matter, and every family should have a distilling apparatus ; and perhaps it would pay capitalists to form a company for the purpose of distilling water on a large scale.

Filtering water is not sufficient to purify it of earthy matter, because a filter can only remove such particles as are mechanically mixed, and mere boiling produces no beneficial change. Spring water, pure and limpid as it appears to the eye, is found, upon chemical examination, to contain a very large proportion of calcareous earthy matter ; so much, indeed, that it has been calculated that a person drinking an average quantity of water per day for forty years, will, in that time, take into his body as much as would form a pillar of marble as large as an average-sized man.

But drink of any kind is foreign to human nature in its original capacity. If men ate every day as much fruit as they ought, they would never be thirsty, and so need no drink at all."

In another part of the work he related a number of cases of painless labor. One of my patients in 1856 had a painless labor. I have seen reports of three other cases in the journals. I have requested Bœricke & Tafel's agent in this city to order a number of the books, and am advising my lady patrons to purchase them. They will probably cost one dollar each.

E. C. P.

PROPHYLACTIC TREATMENT OF PLACENTA PRÆVIA.

BY T. G. THOMAS, M. D.*

There is but one method at present at the disposal of the obstetrician by which the evils attendant upon the three last months of utero-gestation, and upon labor thus complicated, can be avoided. It is the induction of premature delivery after the period of viability of the child. By this procedure a rational, and it appears to me a perfectly warrantable, means of avoidance of a great danger is offered to us ; one which presents in itself no dangers comparable with those of non-interference, and one which, while it removes the absolute hazards attendant upon delay, relieves that wearing anxiety which harasses patient, friends and physician.

Fortunately this condition is usually announced during the last months of utero-gestation by premonitory signs of reliable character,

*American Practitioner.

and thus we may empty the uterus before the vital forces of both mother and child are exhausted by hemorrhages, the results of repeated detachments of the placenta. My conviction is that, in every case of undoubted placenta prævia, in which the flow of blood threatens, by its amount of frequent recurrence, the loss of both mother and child, premature delivery should be induced. What objection can be urged against it, other than that a child of less than nine month of intra-uterine life does not have as good a prospect of life as one which has arrived at full term? In the case which we are considering, even this is invalidated by the fact that an eight-months' child out of the uterus, and depending upon pulmonary respiration, has a decidedly brighter prospect for life than one in that cavity depending for aëration of its blood upon a crippled and bleeding placenta. For the mother, how incomparably greater the safety which attends an emptied and contracted uterus! By inducing delivery during the ninth month of pregnancy, we should be dealing with a woman who is not exhausted by repeated hemorrhages; we would be in attendance at the moment of cervical dilatation, and consequently the moment of danger; and we would be able by hydrostatic pressure to control hemorrhage in great degree, while at the same time the period of dilatation of the cervix, which constitutes the time of maximum danger, may be rapidly accomplished. Under these circumstances, in the words of Angus McDonald, "nothing can be gained by delay, if we are satisfied that the bleeding is really serious, and if continued would lead to great risk to the mother's life and health."

With these considerations before me, and with a certain amount of experience to support them, I cannot resist the conviction that, when premature delivery becomes the recognized and universal practice for placenta prævia, the statistics of the present day will be replaced by others of a far more satisfactory kind.

Of eleven cases in which he resorted to the above plan: we give the following as a typical one: Case I. Mrs. W., aged twenty-six, primipara, in good health, was suddenly taken with hemorrhage three months before full term. She sent for me in great haste, but being occupied I was unable to go her, and she was seen for me by my friend, Dr. Reynolds. He discovered that she had lost a few ounces of blood, but that the flow had ceased. Three days afterwards she was again affected in the same way, the flow ceasing spontaneously. About a week after this she was taken during the night with a flow, which was so profuse as to result in partial syncope when she endeavored to walk across the room. I saw her early the next morning; found her flowing slightly, and upon vaginal examination succeeded in touching the edge of the placenta through the os, which was dilated to the size of a ten-cent piece. Later in the day Drs. Metcalfe and Reynolds saw her, and agreed with me in the propriety of premature delivery. In accordance with this determination, at 7 P. M. I introduced into the cervix, with considerable difficulty and by the

employment of some force, the smallest of Barnes' dilators. This was followed in twenty minutes by the next larger dilator, and in an hour by the largest. Dilatation was rapidly accomplished, but instead of removing the largest bag I left it in the cervix until ten o'clock that night. Expulsive pains coming on at that time I removed it, when the head rapidly engaged, and before morning Mrs. W. was safely delivered of a living girl. The placenta followed rapidly, and both mother and child did well.

GASTROTOMY SUCCESSFULLY PERFORMED IN A CASE OF RUPTURE OF THE UTERUS.

Dr. Hart, of Nieuwer Amstel, in Holland, relates a case of spontaneous rupture of the uterus, in which the patient's life was saved by gastrotomy. She was 37 years old, and was the subject of pelvic contraction. Of three previous labors, the first had been completed naturally after lasting three days; in the second and third the foetus was extracted with difficulty by forceps. The fourth labor had advanced so far that a segment of the head was engaged in the pelvis, and Dr. Hart was about to use the forceps, when suddenly, while an examination was being made, violent uterine action took place, and considerable hemorrhage occurred from the vagina, after which all pains completely ceased. The foetus gradually receded, and, after a few minutes, was out of reach, slight sanguineous discharge continuing. The pulse rose to 100, but remained full.

Nine hours after the rupture took place, gastrotomy was performed, Dr. Hart having been obliged to defer the operation in order to perform craniotomy in another case. The pulse had then risen to 126, and there was severe abdominal pain. The foetus and placenta were found entirely within the peritoneal cavity, the former lying in a dorso-anterior position. The uterus was firmly contracted. In the supra-vaginal portion of the cervix, anteriorly, there was a transverse rent 3 ctm. in length. As no bleeding was taking place, and there was not sufficient room between the rent in the uterus and the bladder, no sutures were employed, but the pelvis was carefully sponged out. Convalescence was uninterrupted, the temperature never rising above 38° C, (100 $\frac{2}{3}$ ° F.), and the patient was able to go out of doors thirty-three hours after the operation.

Dr. Hart contrasts the success of this case with the results in a series of thirteen cases collected by Prof. Lehman. In none of these was gastrotomy performed, but in most the foetus was extracted by version of the forceps. All the patients died within a few days.—*Nederlandsch Tydschrift voor Genceskunde*, 1876, No. 46 and *The Obstetrical Journal of Great Britain and Ireland*, June, 1877.

Lectures.

WHAT IS MODERN HOMŒOPATHY?

BY S. C. WETMORE, M.D.

(Concluded from page 90.)

As in society's gossip we should never be influenced by *ex parte* statements. *Vox populi* is not by any means *vox Dei*. In matters of such vital importance we should investigate for ourselves unbiasedly, and reserve our vituperation until we have proof positive. Do not forget the old French fable of the famished fox, the drum and the hen, where it was found that that which made the most noise was false and unsatisfactory. My convictions may impinge upon others' notions, yet it is every one's prerogative and duty to abide by his best judgment, and in so doing I am frank to say, as *eclectics*, as rational physicians who have the good of mankind at heart, who labor for others' interests as well as our own we should select from all sources irrespective of *pathies*, or *isms*, or *creeds*, or *dogmas*, or society's opinions. It is in perfect *rapport* with true scientific research and the principles of right, candor, duty and justice. He who ignores a doctrine, a drug, or a remedial measure because of its name or association with some *pathy*, or *ism*, without giving it investigation, is unworthy of the name of teacher. It is true I have been culpable of that which I criticise, but then I was blind; now I see; and have the moral courage to say, *peccavi*. I was then like Nelson at the battle of the Baltic, who looked with his *blind eye* because he did not choose to see that the admiral had struck his colors. I have no penchant for homœopathy. In fact my early education was so completely imbued with the spirit of disgust that it has been one of the greatest barriers to overcome. Nevertheless if I find by actual experience that Hahnemann's remedies, administered in accordance with his law, or any other, more remedial, I shall have no hesitation to bring them into requisition, whereupon some Rip Van Winkle, some inimical, captious, critical "cuss" will probably feed me with the bread I have so often cast upon the water; with the same propriety I might be called a hydropath, or uropath, or thermopath, as a homœopath; the while I am still an *allopath*, and doubtless always will be, though free to select from all sources at the risk of being considered heretical. After more than twenty-five years of earnest pupilage in the various departments of our science,

I feel that I have but a smattering of each ; but this I *do* know, that there is *certainly something* in homœopathy. The influences which have led me to this conclusion are both objective and subjective ; not only that which I have been forced to see by my own experiments, but by looking about me and seeing the great tidal-wave which is every moment rising higher and higher. Had it not been reared upon a basis, not unlike that of the old Eddystone lighthouse, it would have perished and been washed away with the surf, scum, and drift-wood. But it has battled with the tempest, buffeted the waves, and stood the cross-fire of its enemies for more than three-score years. He must needs be blind in more than one eye who cannot see that its superstructure is something more than imagination, faith, sugar pills, water medicine, diet, delusion, etc. If there is not *something* in this doctrine why is it that the thinking classes, the greatest scholars, the best educated and most scientific men, the greatest travelers and most wealthy people patronize it ? Now-a-days people are not apt to worship false gods and throw away their money upon uncertainties, and risk their health, their lives, and the dearest treasures on earth to everybody,—their children. If there is nothing in it why are there in the United States alone to-day nearly seven thousand homœopathic practitioners who have graduated in our schools ? It is very strange indeed if there is nothing in this law of correspondence that those of our school who have given it the greatest attention, the most thought, and have carefully investigated and experimented for themselves, invariably adopt, advocate, and practice it. And of the great number of learned men who have become enthusiasts, I have never heard of but one of any note who eventually became a dissenter, and that was Dr. Peters, who afterwards, I understand, succumbed to *ramollissement*.

Sir John Forbes, one of the most distinguished physicians of Great Britain, while editor of the British and Foreign Medical Review, thus expressed himself in relation to homœopathy, "That it comes before us in an imposing aspect and claims our attention on grounds which cannot be gainsaid. It presents itself as a new art of medicine, as a mode of practice utterly at variance with that long established in the world and claims the notice of mankind on the irresistible ground of its superior power of curing diseases and preserving human life. And it comes before us now, not in the garb of a suppliant, unknown and helpless, but as a conquerer, powerful, famous and triumphant. The disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size

in Germany, France, Italy, England or America that does not boast of possessing one or more homœopathic physicians, not a few of whom are men of high respectability and learning, many of them in large practice, and patronized especially by persons in high rank. New books on homœopathy issue in abundance from the press, and journals devoted exclusively to its cause are printed and widely circulated in England and America. Numerous hospitals and dispensaries for the treatment of the poor on the new system have been established, many of which publish reports blazoning its successes not merely in warm phrases but in *hard words* and harder figures of *statistical tables*." The late Mr. Liston, one of the greatest English surgeons, and of whom Edinburgh has reason to be proud as one of the greatest surgeons she has ever produced, had the *manliness*, the *honesty*, the *candor* and liberality to avow in public that he derived his knowledge of the remarkable power of Aconite in subduing inflammatory fever, and of Belladonna in curing erysipelas from homœopathy. He often expressed his regrets that the power of Aconite to abate vascular over-action and supercede the necessity for abstraction of blood in many diseases was not known to him earlier, because he was convinced that it would have prolonged the life of his father, whose death had been hastened, in his opinion, by ill-judged copious venesection. This distinguished man having been encouraged by the success which had attended his administration of Aconite and Belladonna, requested Dr. Quin to furnish him with a few notes of other diseases and the names of the medicines usually prescribed by him for their cure. The request was immediately complied with, and he subsequently informed Dr. Quin that he had employed the following medicines with great success: *Arnica montana*, internally and externally, in severe contusions, lacerations and incised wounds; *Rhus toxicodendron* in sprains, luxations, swellings and painful joints; *Nux vomica* in irritation of the bladder, obstinate constipation, and in some cases of partial paralysis; *Bryonia alba* in rheumatism and in arthritic pains of the joints; *Chamomilla* in diarrhœa, and as a palliative for toothache; *Pulsatilla* in retarded and suppressed catamenia; *Mercurius solubilis* alternated with *Belladonna* in cyanche tonsillaris, and ulceration of the fauces, and a variety of other medicines in diseases where they were homœopathically indicated. Concessions are occasionally made to the homœopathicity of certain drugs by those who claim to be disbelievers in the law, thus, the great unbeliever (?) Sir James Y. Simpson, said in a lecture before the class in the University, "that Ipecacuanha causes vomiting, though he failed to cure a case of

vomiting from pregnancy until he took the advice of Dr. Arndt, a homœopathist, and gave a half grain of Ipecac, and so cured his patient." The same version of this remark was given by Dr. Stewart and George Wild, M.D., who were pupils of Dr. Simpson's and both present at the time it was delivered. They however subsequently became eminent homœopathic practitioners and authors.

Much of the homœopathic literature to which I have had access I must confess is far from possessing classical scientific merit or medical erudition, and yet there are some works that will well compare with our best in pathology, practice of medicine, surgery and gynæcology. The gigantic strides made by homœopathy can not be better illustrated than to quote from Dr. Holcombe, from whose productions I have received many valuable hints. Dr. H. was an eminent old school practitioner for twenty years, having graduated at the University of Pennsylvania. His father also was an eminent physician of the old school. To-day Dr. H. stands at the head of the homœopathic ranks. He says "the witnesses to the spread and influences of homœopathy are numerous. We will call a few of them to the stand.

Witness the conceded fact that it is not the practice of the ignorant, of the incapable, or the fantastic and hypochondriacal, but that it absorbs and holds the lion's share in proportion to numbers of the strong minded, intelligent, and traveled portion of society which recognizes and treats homœopathic physicians as honorable and enlightened men and benefactors of humanity.

Witness a great effort made by hundreds of the most distinguished and aristocratic men in England to have homœopathy introduced into the army and navy of their country.

Witness the official recognition of homœopathy by the state of New York in the recent law directing that applicants for license to practice in that state shall be examined upon homœopathy as well as upon allopathy by the state commissioners.

Witness the splendid banquet given by the City Council of Boston to the members of the American Institute of Homœopathy on the very spot where, eighteen years before, Oliver Wendell Holmes had predicted the speedy and utter extinction of the infinitesimal heresy.

Witness the great fair in Boston given while the Massachusetts allopathic association was expelling the homœopathic members from its body, a fair requiring three of the largest

halls in the city to hold, and which realized \$80,000 for a homœopathic hospital.

Witness how the New York Ophthalmic Hospital, one of the largest and best endowed Eye and Ear hospitals in America, passed entirely from allopathic to homœopathic hands.

Witness, the people of Michigan insisting through their legislature that homœopathy should be taught to the students of the medical department in their state University.

Witness the legislature of New York appropriating \$300,000 to the establishment of a homœopathic insane asylum.

Witness how the Common Council of St. Louis compelled the allopathic professors to admit homœopathic students to the hospital clinics on an equal footing with their own.

Witness the decisions of the New York judiciary fining an allopathic physician for calling a homœopath a quack; declaring quackery to consist in conduct and not in creed, and insuring the protection of the law to honest and capable men when assailed by malignant partisans of another school. The quacks on both sides are exactly alike, and so are the gentlemen.

Witness the utter defeat which the allopathic faculty have sustained in several of the states where they endeavored to get control of the licensing systems with a view to the oppression of those whom they are pleased to term "irregular" practitioners.

Witness the indignant remonstrances of the people at the removal of the Commissioner of Pensions from office by his allopathic superior on the sole ground that he was a homœopathist, remonstrances so widespread and influential that they induced the government of the United States to declare that no distinction should be made on account of differences of opinion.

Witness how a life insurance company has been founded and prosperously conducted on the basis that human life is safer and longer on the homœopathic system than any other.

Homœopathy has met all the great epidemics and ever proved itself equal if not superior to the old school. When people say that the medicines are too weak to trust in severe cases, they do not remember, or do not know, that the great triumphs of homœopathy have always been effected in the most malignant class of diseases, such as cholera, scarlet fever, yellow fever, croup, erysipelas, dysentery, diphtheria, etc., etc. The fearful epidemics of cholera in 1848-9 gave the most astonishing impetus to homœopathy, and its special superiority in yellow fever has more than anything else established it on a permanent basis in the southern states."

These facts are sufficient to prove that the efforts of the homœopathic school to enlighten and educate the public mind as to its character, rights and privileges, have been attended by brilliant results. The public cares nothing for our theories or our squabbles. It estimates men by their attainments and their conduct, and medical practice by its failure or its success. It instinctively and sensibly denounces as bigotry and persecution any act of intolerance of one school towards another. If these declarations by the doctor are true, and they have been corroborated by other competent authority, it would appear obvious that the epithets so generally heaped upon this mode of practice are misnomers. If our curiosity was more easily piqued, and our professional hauteur, which has so long stood upon the pinnacle, would stoop to investigate the hidden mysteries which appear so preposterous, I am quite sure we would be agreeably surprised (to say the least) and if not adopt them would eventually ignore much of that which we have all our lives been taught and accustomed to look upon as the *sine qua non* in sound scientific practice. But we are so wilful, so obstinate, so inconsiderate and self-opinionated that it is only by accident that we are forced to give the theme any consideration. This has been the case with those who have become most eminent, among whom might be mentioned Prof. William Henderson, a colleague of Sir James Y. Simpson in the University for many years, and Dr. Thomas Skinner, of Liverpool, who was a pupil of Prof. Simpson, and in 1851-2 took his gold medal in gynæcology and obstetrics, and finally became his private assistant at his residence in Edinburgh. After some twenty years of reputable practice, he was placed *hors de combat* on account of a malady which baffled the skill of his compeers for three years, during which time he travelled much by land and sea, and in a very remarkable way was introduced to the noted homœopathist, Dr. Edward W. Berridge, London, who cured him in a short time. Dr. Skinner is to-day an eminent practitioner, teacher and author. Dr. Henderson is numbered among the dead, but has left behind his footprints in the sands of time which it would be difficult to erase. Many more great minds have followed in their wake, not only in Europe but in America, whose erudition, high culture, scholarly attainments and success as practitioners have made them world renowned. Suffice to say that if such men as these declare *magna est veritas et prevalebit* I can not consider it an opprobrium for one so humble as I to reach out for something more tangible, more satisfactory, more realistic and positive than

that which is being preached in the market places by the rambling Peters and Pauls, and while you, like some Greek disciples just emerging from the Athenian portico, glorying in the wisdom of the ancient philosophers, may be laughing to scorn my disposition for research, my liberalism and moral courage to promulgate the answer to the question of this subject matter, I pray you to remember the lesson taught by St. Augustine; in things necessary we must have *unity*, in things doubtful *liberty*, and in all things *charity*.

Three months have elapsed since the foregoing was penned, during which time I have improved every favorable opportunity to treat acute diseases in accordance with the law of correspondence or similars. I have treated a great many cases of infantile diarrhœa with pleasing results. The remedies used in small and frequently repeated doses have been for the most part ipecac, veratrum album, arsenic, phosphoric acid and mercury. Two cases of strangury were treated successfully with drop doses of tincture cantharides; a third case was not benefited and after two days it was discontinued, and one grain doses hourly of solid bals. copaiba were substituted; after eight hours the patient reported almost entirely relieved. The remedy was continued *pro re nata* with mucilaginous drinks for three days.

Several cases of idiopathic and bilious colic yielded with like treatment to tincture of colocynth. My first case was so amusing that I beg leave to detail it. Early on the morning of May 14th I was called to see ———, aged 23 years; found her suffering intensely from pain of a colicky character, which she averred had continued all night, accompanied with almost incessant vomiting, and her *facies hippocratica* evinced the truthfulness of her statement. Inasmuch as she positively refused the use of the hypodermic-syringe and disliked to take opiate enematas, and all the domestic remedies having been brought into requisition, including sinapisms and hot fomentations to the epigastrium, I gave her a powder of morphia and bismuth. It had not much more than reached the stomach before it was vomited; in a few moments she took another with like result, whereupon I concluded to try Colocynth, which I purposely put in my pocket, having learned from the messenger that I was to see a case of colic. I dropped twelve drops into twelve tea spoonfuls of water and gave her a tea spoonful, which was retained. In ten minutes I gave another, in fifteen another. At this juncture I was obliged to absent myself on account of a case of labor. Returning in six hours my patient

reported that "after the third dose of that stuff in the tumbler she began to grow easier, and after the sixth she was almost entirely relieved from pain; she had had a little retching but had not vomited." One week later her sister came to my office and reported that my patient "was suffering again from the same malady, and she had sent her for some of that tumbler medicine." I prescribed the same, and as I learned afterward, with like results.

Now here was a case, which is only one of many, that perfectly surprised me, as I had no faith whatever in the remedial influence of the drug, but I knew it could do no harm in the event that it proved futile, and in the meantime I might persuade my patient to submit to the hypodermic syringe. But what cured my patient? Was it faith, imagination, delusion, or had that irritation of the gastric nerves and the spasmodic condition of the canal just got ready to behave? What was the rationale? No, it was not faith, imagination or delusion; for the patient did not know what I was giving her, nor do I believe that such pathological conditions yield of themselves so suddenly. If this drug in its infinitesimal dose is to be crowned with a laurel, (and it certainly should be), by what physiological reasoning can we account for it? We have not been taught to look upon it as an anodyne, a nullifier, a narcotic or pain assuager. It certainly did not control the malady by paralyzing the nerves as the morphine would have done. It did not mollify by diminishing the amount of blood in the part, nor did it relieve by revulsion. We know that a larger dose in a healthy person is capable of producing an artificial disease similar to the natural one that existed in this case. The *modus operandi* or rationale I will not attempt to elucidate at this time; suffice to say that in my judgment it could only have been brought about by its interference with the undulatory condition of the nerve fluid.

A few days since the vice-president of this association, knowing that I was giving some attention to the value of small and frequently repeated doses, very kindly placed in my hands a recent number of the *New York Medical Record*, which contains an article on this subject read before the New York Medical Association, by S. Henry Dessau, M. D., one of the physicians to the dispensary and foundling asylum. It appears that the doctor has been experimenting with modern therapeutics and his results will show that his conclusions necessarily concur with mine, already detailed. A careful perusal of his article will richly repay any one endowed with sufficient scientific

spirit to mark the progress of the therapeutical part of medical study. A brief résumé of the practical part may not be uninteresting. He says "that in consequence of his attention having been particularly attracted to the frequency with which *Ringer* in his hand book of thereapeutics recommended small doses of medicines, that we have been accustomed to use in much smaller doses, for entirely different diseases, he was induced to give them a trial." In the treatment of vomiting in children, whether due to stomach and intestinal disorder, or as a complication of pneumonia, he found the administration of drop doses of the wine of ipecac, repeated every hour, to act with the greatest success. In cases where diarrhœa coexisted and especially that form resembling dysentery, the same dose appeared to exert a curative effect. In the vomiting which follows a debauch, especially in women, he has treated several cases with drop doses of Fowler's solution of Arsenic repeated hourly, and says it works like a charm. In the morning vomiting of drunkards he gives it in drop doses three times a day before meals. In the vomiting which often complicates phthisis and its allied affection, chronic bronchitis, independent of that brought on by the cough, he gives either Antim. in from three to five grains, in solution every second or third hour, or drop doses of the wine of antimony every hour. The latter seemed to speedily relieve the vomiting, particularly when accompanied by an exacerbation of bronchitis characterized by wheezing and great dyspnœa. In the bronchitis of children, where the coarse mucous rales produce loud wheezing with a loud asthmatical cough, he gives tea spoonful doses every hour or two of a solution containing one grain of tartar emetic to one pint of water, and claims they yield readily to its administration, and furthermore that when an intestinal catarrh coexists with the bronchial catarrh, the same remedy and dose will control both. In the gastro-intestinal catarrh of infants (the summer complaints) he uses calomel one-sixteenth of a grain every hour, hydrg. cum. creta one sixth of a grain with s. n. Bismuth, grains three to five, hourly repeated. In cases that resemble dysentery, or where the stools are mucous and are accompanied with more or less straining, with or without blood, he imitates *Ringer's* practice in giving the bichloride of mercury, grain one to sixteen ounces of water, one tea spoonful every hour or two; this is half the strength recommended by Eustace Smith, and *Ringer* adds one grain to ten ounces of water. When a case of gonorrhœa can be seen in the first twenty-four hours of the attack, he says an injection of a solution of chloride of zinc,

one grain to a pint of water, used every hour, will cut short the disease in twenty-four hours. He prescribes drop doses of copaiba hourly in urticaria with good results, and treats cases of retarded menstruation with hourly drop doses of fluid extract of ergot. He recommends fluid extract of hamamelis in drop doses in obstinate epistaxis, belladonna in sore throat and facial erysipelas, nux vomica in sick headaches, whether due to error in diet, constipation, or no apparent cause. He has cured cases of strangury arising from subacute vesical catarrh with tincture of cantharides in drop doses hourly repeated. Speaks of small doses of pulsatilla in painful menstruation; mentions several cases of tetanus and hydrophobia cured with strychnia. For the purpose of reducing temperature he speaks very highly of the tincture of Aconite in drop doses every fifteen minutes to one hour, but says its use in the general profession has been discouraged by a prejudice of its favor with homœopathic practitioners.

I have thus given you a synopsis of the results of an inquiring mind, one that is apparently reaching out for new features and facts in the therapeutical art; a regular educated physician, but one who appears to me to be wilfully blind, or else he lacks the moral courage to stand up before his fellow man and acknowledge that he has been experimenting with modern homœopathy. When asked how, and upon what principle these small doses cure disease, he replies, "on the principle of actual experience, but that it is not upon the law of similars, for he had too many satisfactory demonstrations of the undoubted efficacy of full doses of medicines in the treatment of certain diseases to allow him to confine his belief in therapeutics to a single principle, and gives as an example the treatment of acute dysentery with half dram to one dram doses of ipecac, one dose usually effecting a complete cure. From this statement I infer the author is not aware that according to the best authority in the new school of therapeutics, among whom might be mentioned one whom he quotes a *quasi* homœopathist, *Hughes*, of London, that the question of dose has nothing to do with the treatment of disease in accordance with the law of similitude. The dose of ipecac mentioned is as homœopathic as if it were the fractional part of a grain. If ipecac, tartar emetic and arsenic are not homœopathic to gastric and intestinal irritations, if strychnine is not homœopathic to tetanus, cantharides to strangury, colocynth to colic, nux vomica to diseases of the nervous system, and belladonna to an ordinary

sore throat, then I certainly agree with Dr. Mason Good that the science of medicine is truly a jargon.

I do not believe that I am an Ishmaelite among you, only so far as my frank acknowledgements are concerned, for I have frequently communicated the results of my experimentation to the members of the profession as often as I have met them, to which many of them have replied: "Yes, I too have been using homœopathic remedies, but it won't do to acknowledge it, we would be ostracized and excommunicated by the societies." *Nonsense!* What difference should it make to us by what principle medicines control diseased action? If we are convinced that the law of similitude is a correct one, so far as it goes, then let us like men of honor and integrity, which our noble profession demands of us, meet the facts face to face and adopt them. In so doing we would not necessarily compromise ourselves with that class which throng the ranks composed of uneducated, illiterate tradesmen, *ex-cathedra* ministers, politicians and stevedores; and yet I am not quite certain but that the quickest way to exterminate them would be to affiliate, in which event stringent laws would soon crowd them to the wall.

But this was not the object of this paper. However great efforts are being made in Great Britain as well as in our own country to blend the two schools; and their efforts will doubtless be accomplished in the course of human events.

Hoping that these erratic thoughts may be instrumental in stimulating you to personal experiments with small and frequently repeated doses, which constitute a part of modern homœopathy, I submit the same for your consideration.

LETTER FROM PROF. HEMPEL.

GRAND RAPIDS, MICH.

EDWIN A. LODGE, M. D.: *My Dear Doctor*—Professor Wetmore's article on Modern Homœopathy, a proof of which you so kindly sent me a few days ago, has afforded me great gratification, for reasons which I will here enumerate in their order:

First. The Professor steps boldly forward as an investigator of the truths of Homœopathy, thus setting a noble example to those of his colleagues who prefer the bigotry and pride of sect to the love and worship of medical truth. The doctor is not a full fledged

homœopath; but if he should have the good fortune of consulting with enlightened and high minded homœopathic physicians, he will no doubt, be furnished abundant opportunities of convincing himself of the efficacy of much smaller doses than drop doses of the tincture, or half or quarter grain doses of calomel. In proof of this let me mention a few cases from my own practice.

A gentleman of about thirty-five years of age and of a consumptive habit, took a heavy cold, in consequence of which he was attacked with acute congestion of the lungs. He was treated for two weeks by a Thompsonian physician, who gave him hot drops enough to burn any stomach that was not made of leather or sheet iron, yet not a drop of perspiration would make its appearance; the fever did not abate, and the cough remained racking and exhausting. At this stage of the disease I saw the patient. I prescribed six globules of the 18th attenuation of Aconite dissolved in half a goblet of water. The patient was directed to take a teaspoonful of this solution every hour during the night. At dawn of day I was sent for to see the patient. I inquired of the messenger: "What is the matter? Is Mr. N. worse?" "No, he is so much better, that he is frightened at it, and he wants to see you." I found him with his pulse down to seventy-two; not a trace of fever, skin cool, and the cough, what little there was left of it, quite loose and painless. His wife informed me that after taking one teaspoonful of the solution, he broke out into a profuse perspiration which almost soaked the matrass, and that he had been changed *seven* times that night. She had discontinued the medicine. The patient was out again in a week, able to attend to his business.

I was sent for to see a farmer thirty-years of age. He had an attack of gastric fever and had been treated allopathically for a fortnight. When I saw the patient, his pulse was fluttering, his countenance hippocratic, his tongue very foul, with inflamed edges and tip, breath hot, skin dry, great prostration. I left him two solutions, one of Aconite 12th attenuation, and one of Nux vomica 30th attenuation, with directions to take a teaspoonful every hour alternately and to send me word in the morning how he was getting along. Not hearing from him next day, I took it for granted that he had died. Three weeks after a robust looking man stepped into my office, sat

down, and after a while asked me, "don't you know me, doctor?" I replied, "No, sir, I have not the pleasure of recognizing you." "Well, sir," he replied, "I am the farmer whom you visited one evening three weeks ago in the country. I improved steadily after taking two doses of your medicine, and felt so much better the next morning that I did not think it necessary to send you a report. I continued your medicine until it was all taken, and here I am in better health than ever.

Let me now relate a case where the tincture of Aconite came very near proving mischievous by alienating the confidence of a new and interesting convert to Homœopathy. A middle aged gentleman had been treated for pneumonia for a fortnight in the old fashioned way by blood-letting and massive doses of Tartar Emetic, Rasorifashion. After bleeding him eight times, there were still traces of pneumonia, and the fever and cough had not been entirely subdued. The doctor informed his patient that he dared not bleed him again, although bleeding was still indicated. Thereupon the gentleman sent for me to try homœopathic treatment. His pulse was exceedingly small, quick, empty and readily compressible. He coughed all the time. It was a superficial, hacking cough. The patient was so weak that he was scarcely able to make the effort to cough. Respiratory murmurs could only be heard in spots. I hesitated between Aconite and Phosphorus. After a little reflection I decided to give the patient Aconite, to be followed the next day by Phosphorus. I poured one drop of the tincture into half a goblet of water and directed the nurse to give the patient a teaspoonful of this solution every hour until I called again. I was sent for before the hour for my next visit had arrived. Upon entering the room the patient said to me: "Doctor, I cannot take your medicine, it is too strong." One teaspoonful of the solution had produced a terrible reaction. His pulse throbbed violently, his head ached, the cheeks were flushed, the eyes sparkled, the cough was much tighter, and he complained of a very painful constriction across the chest. Perceiving my mistake, I gave the patient a few doses of Belladonna 3d attenuation, which very speedily subdued the most troublesome symptoms. I then resumed the Aconite, substituting the 30th attenuation for the tincture. I wound up the treat-

ment with a few doses of Phosphorus 30th attenuation. In a week the patient was able to ride out.

These and the Professor's cases I think clearly show that, although there is no such thing as a homœopathic dose, yet a physician who desires to treat diseases successfully, should no more confine himself to material doses than to the exclusive use of the so-called potencies. On this occasion I would remark that the term potency is a misnomer. Dynamization is not, as has been supposed a development of power, but simply a process by means of which we secure a more perfect adaptation of the dose to the character of the disease, and the susceptibilities of the patients organism. The terms potency, potentization, dynamization have given rise to a great deal of misunderstanding, and had better be stricken out of the vocabulary of homœopathy; attenuation or dilution may be substituted in their places. Hahnemann uses the term *verdünnung*, which is synonymous with the English attenuation.

Second. The Professor has knocked by implication a big hole into the damnable absurdity of Finckeism, by which I mean the rinsings or washings which Fincke has patented under the name of high potencies. I am astonished that the American Institute should not have, long ere this set its seal of condemnation upon this excrescence of a crazy imagination.

Third. The Professor has knocked another big hole into the bigoted fanaticism of homœopathic practitioners who believe in the omnipotence of homœopathy more firmly than they do in the ten commandments, or in the theorem of Pythagoras. The Professor evidently believes, and so do I, and thousands of our best homœopathic physicians, that the highest duty of any physician is not to lie prostrate before the Juggernaut of any medical system, by whatever name it may be called, but to heal the sick, and to employ for this highest and noblest purpose all the curative resources which Providence has treasured up in the great storehouse of Nature.

Fourth. In starting upon his tour of investigation, the Professor has had his attention riveted to the vast curative range of Aconite. I have always found that old school physicians who have thoroughly mastered Pathology, get more practical benefit out of Aconite than

the superficial symptomists of our school are capable of doing. Aconite is truly the king of polychrests. Hahnemann's own provings of Aconite, although highly interesting and instructive, yet are far from constituting a full record of the curative virtues of this remarkable agent. The gaps in Hahnemann's list of symptoms are filled up in a great measure by the re-provings of the Austrian Provers Union.

* * * * *

I remain yours very sincerely,

CHARLES J. HEMPEL.

COMPROMISE BETWEEN THE SCHOOLS.

The *New England Medical Gazette* says: An unmistakeable sensation was produced in this community during the past month by the appearance in the *Daily Advertiser* of letters copied from the *London Lancet* and from the *Times*, concerning the renewed attempts on the part of Dr. Wyld, vice president of the British Homœopathic Society, to effect a compromise between the old school and the homœopaths.

So far as Dr. Wyld's efforts are concerned, we can only characterize them as feeble, ill-advised, and wholly out of place, and cannot wonder that he has met with no better success this time than when he approached Sir James Watson on the same subject a year ago; but there can be no doubt that the publication of these letters produced an impression among thoughtful people here, such as few topics could call forth at this time. The further public discussion of the subject was, of course, out of question. A matter which has come to be, both among the profession and laity, purely a party affair, and concerning which a very large portion of the community feel extremely sensitive in consequence of the continued and ostentatious expulsion of homœopaths from the Massachusetts Medical society, is not one which it is desirable to stir up again extensively at present.

That a reconciliation will be brought about between the parties now contending is not only beyond a doubt, but inevitable, if we can but be patient. By that time, however, the conflict between conservatism and progress will have assumed a new form and have other issues. Meanwhile the old differences must remain, do what we will, and no understanding on the part of any number of the combatants to live

in peace and let by-gones be by-gones can "bridge the chasm." Contention is the law of progress, and the settlement of matters of dispute in medicine is a thing of tardy and uncertain growth, as everybody must see who has any acquaintance with medical history, or who is capable of the least reflection. But aside from such general considerations, what possible reconciliation can we expect or desire with men who continue to assert, to this day, that "putting an ounce of epsom salts into the Thames, at Kingston, and expecting to be purged by its action in the water taken out at London Bridge," is homœopathy. If the reconciliationists will only consider that it is not so much the opposition on the part of the wise and just, but the rancorous, implacable party spirit and bigotry pervading the masses of what we must emphatically call the old school, that is the obstacle in the way of all agreement, they cannot fail to see at once, not only how vain, but how unworthy all their efforts must continue to be. We have no wish to appear in the light of "irreconcilables," but we must continue to affirm that the principles of homœopathy differ from those of the old school, as order from chaos, or, to use a more familiar expression, "as night from day." While we can claim for ours that they are legitimate inductions from scientific data, in logical harmony among themselves and with the principles of all natural science, contravening no fact of medical science or experience, it is not too much to say that the only thing approaching a principle claimed by the old school is the unanimous understanding, so plausible to the common mind, to recognize no principle in practice whatever.

Until it shall be fully conceded, first and foremost, that all legitimately qualified physicians, who honorably strive to do their duty by the profession and the public, are fully entitled to all professional courtesy and the freedom of their opinions; and furthermore, that whatever may be the merit of the so-called scientific method in therapeutics, the healing art, in so far as it relates to pharmacodynamics, must rest mainly upon an empirical basis,—as for practical purposes, at least, the nature and course of vital processes are not to be explained or utilized by mathematical, physicial, chemical, or even physiological methods, as understood to day, any more than by the methods of abstract reasoning,—until then, any attempts at reconciliation coming from our side must be worse than folly. That concession once granted, however, we may honorably meet our opponents half way, and it is inevitable that they must then follow us by the paths of drug provings, and the vigorous individualization of cases from their crude indications derived from pathological speculations, from their palliatives and rough and destructive physiological dose, to the law of specific relations, or, in other words, of similars, and the curative dose.

The millenium, however, is evidently not yet at hand. Clear and just as our claim is, and imperatively as its concession is demanded by the present state of medical science, experience, and logic, there is absolutely no prospect of seeing it granted. * * *

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER,

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ERRATA.—In Dr. Wetmore's address p. 81, Broussaism should read *Broussaisism*. p. 145, 7th line, smaller should read *larger*. p. 145, 21st line, Antim. should read *Alum*.

LIPPE VS. JONES, DUNHAM AND HEMPEL.

Edwin A. Lodge M. D., Publisher of the American Observer:

DEAR SIR.—Your Journal of January 1st 1878 contains two papers by Prof. S. A. Jones M.D. Such papers appearing in a respectable Medical Journal would be ignored by persons attacked either by name or by innuendo, and no Gentleman in the medical Profession could or would expect an answer were such billings-gate uttered by any ordinary and irresponsible person; but inasmuch as Prof. S. A. Jones. M.D. holds a respectable and responsible position, representing the Homœopathic School in the University of Michigan. And now the undersigned asks you to publish this communication in the February number of your Journal.

Prof. S. A. Jones. M.D. has published papers unworthy of a professor in a great University. We can not find them ebullitions of

sparkling satire, wit and humor, he has sounded a depth which has never been reached before : he has attempted to cover the want of argument with gross personalities, he has proved to the satisfaction of all intelligent logical and literary men that he has no logical argument to offer, and all these men know that billings-gate is "no argument" but is the surest proof of the want of it. Laws of nature like Logic are inexorable. The accusation that certain papers (alluded to on Page 12) contained Logic which is no more Logic than Vice is Virtue is avoiding a logical answer, why is not this broad accusation accompanied by specifications of a faulty Logic? But when the broad charge is made, that logical deductions (not opinions) were based on the Evidence of manufactured "cases" the charge is more than an insult, it is a gross and malignant "*Libel*." Where is the Professor's proof? Where is a specified case?

The Professor of Materia Medica is evidently utterly ignorant of the great care Hahnemann took before he incorporated provings of Drugs reported to him (Page 13). Hahnemann's Works are now before the profession, endorsed by Hundreds of conscientious men who have verified their correctness, and it will matter nothing what the Prof. says of them. The only truthful exponent of Homœopathy was and forever will be its founder and no sophistry no perverted Logic can change the fact not even a "Jones."

Water Meter Potencies as the learned Dr calles the Fluction Potencies come next. Dr. Hempel comes first, and it is really singular how he deprecates a developement of Homœopathy, how he orders a "*Halt*." His Organon, "A Parody" of Hahnemann's Master Work is gone where the paper came from, as waste paper to the Paper mill. No more of his professions!

Prof. Jones comes next. When we learn on Page 52 that Mrs Jones cookes her own supper and onions for the Dr we felt very charitably inclined towards such an exemplary better half of the Jones, but when she is railing against "Chinese cheep labor" we changed our mind. On Page 53 the learned Professor talks of potentised sin as a panacea for total depravity. Will he let us have a vial of that "panacea" and how much is the price of it? We would suggest that he and his Students fresh from the Plough tail (Page 12) prove it,

probably best in a liberal Solution in Whiskey (without Sugar and water) and take a sufficient quantity to secure a "physiological proving." Dr Swan's answer is utterly ignored and the Professor of Materia Medica exposes his want of knowledge of materia medica by trying to be "funny." Sugar, Sir! was proved by the late Dr Bœninghausen in 1859-60, and a Philadelphia Doctor published in 1862 several cases—("Not manufactured.") Indurated mesenteric Glands and swollen abdomen after Scarlet fever—not benefitted by Calc. c and Silicia but permanently cured by Sacharum officinalis. And milk provings have been made, and are so numerous that we can here only allude to the many cures made by Lactic acid by Lac bov: by Lac. can. e.t.c. We Homœopaths first "*Ascertain*" by provings the Sickmaking properties of a substance, later we "*prove*" the correctness of the ascertained symptoms by the "Clinical" experiment. How else is it done, Professor J? The capacity to ascertain and to prove is given to all mankind by a kind creator. The capacity to dispute does not depend on the spirit of the age but on other Spiritual influences affecting the inflexible Logic of parody writers.

Page 54 is devoted to "The new Journal," "The Organon." "*A priori*" the learned potentiser of Sin declares all men who edit write or read the new Journal, which is not yet due, "*insane*" "*Lunatics* fit for an asylum. Here he becomes guilty of another gross "*Libel*." The Professor may declare from now till doomsday that High potencies are Moonshine. All his declarations notwithstanding the Sick will recover promptly under the influence of what Prof: Jones proclaims moonshine: Jones can't alter the natural Laws—never—.

On Page 55 the Potentiser of Sin has an apparition, there appears the smiling face of the father of the Freedom-dodge; he has momentarily left the Majority as Prof. J has it, wonder at it, he was always seeking to go with the Majority: And now the Prof. talks of a reviler of this father of the Freedom-dodge which brings such manyfold fruits and these papers of Joneses one of them, and only one in a whole school! Who can that be? Can it be Dr H. M. Paine from Albany who but lately charged the late Dr C. Dunham at the meeting of the New York State Society at Utica with having erased from the Statutes of the American Institute in 1876 our formula "*similia similia*

ibus curantur:" just as he (Paine) himself had (*with* the knowledge and consent of the late Dr C Dunham,) omitted in the new Charter of the New York State Society our old formula? They had but practiced "freedom of action." As we said before: Hahnemann is the *only* exponent of Homœopathy. If men who know his teachings give a concise declaration of essential principles governing our School they lay themselves open to "correction." Who are these men who Jones says got into the fold over the wall and not through the door? If there are such, by all means expose them! Who are these Shame bringing Shams? Expose them by all means! Whom do you call Creatures? And who are the men whose ignorance is equal to their impudence? Expose them by all means, Show them off in a looking glass! There are natural Laws and they are and will forever be inexorable. Shams who bring shame will come to grief. If there are men who came into the fold over the wall, and not through the door, may they be known and shown back over the wall. And finally let it be known, that the "reviler" will receive his reward, that Freedom and licentiousness are not synonymes, that the Liberty of action does not warrant the exchange of abusive language for argument, and that the Liberty of the Press does not include the Freedom to commit "*Libels.*"

Should Professor Jones offer "Arguments," "Logic" written in a decent style he will be answered; if he chooses to write Billings-gate he surely shall not again receive the slightest attention.

Yours very truly,

AD: LIPPE.

PHILADELPHIA, December 28th, 1877.

REPLY OF PROF. JONES.

UNIVERSITY OF MICHIGAN, January 1st, 1878.

DEAR DR. LODGE.—As "a professor in a great University," as a dean of a faculty, as a teacher of homœopathic materia medica and therapeutics, I did my duty in each capacity by writing the very papers with which this "Ad. Lippe" finds fault.

It is a great disappointment to me to learn that he disapproves of those papers; I hoped that he would enjoy them—as a sauce.

I am now in his debt for the above letter, in which "logic," grammar and orthography struggle for the prize like Roman wrestlers, and I will endeavor to discharge my obligations by a few thoughts suggested thereby.

I observe, then, in the first place, that I repudiate in the name of Homœopathy all the ignorant and arrogant assumption which characterizes that clique of "homœopathicians" of which "Ad. Lippe" is the self-appointed head. I do this from as intimate an acquaintance with Hahnemann's writings as any of that little clique has obtained, and from a far more extensive knowledge of modern science than any of that little clique has yet evinced. I make this assertion because that little clique has always claimed such a knowledge of Hahnemann's teachings, and such a facility of interpreting those teachings as is denied to all save them. Such a claim evinces a depth of ignorance which is equalled only by a corresponding height of impudence, and the truckling of our medical colleges for the students of that little clique has left it for "a professor in a great University" to tell this plain truth.

This ignorant and impudent assumption has been the sole capital of some colleges, and the alumni-product is to this day only a caricature of the physician—a callow brood to which chemistry, physiology, pathology, and even the history of diseases are abominations to be avoided *in the name of Homœopathy*.

This suicidal assumption has been recognized, yes *felt*, by other colleges in the miserable quality of its matriculates, yet which of them has put one earnest out-spoken condemnation on record?

And, in the second place, it is true that the "homœopathician" commands as little professional confidence as a *physician* as he does credence in his assumed *role of the* exponent of Homœopathy. By professional confidence of course I mean that consideration which a physician gives to the testimony of a physician.

The "homœopathician" starts *ab ovo as such*, and beyond a mechanical capacity for catching a "remedy" in the sieve of a "repertory" you can't get anything else out of *him* with even a hydraulic press. He does not need the diagnosis of a disease—the "diagnosis of the remedy" does for *him*; he has no use for the obstetrical forceps—

Pulsatilla is enough for *him*; he eschews a scalpel—Silicia incises an imperforate hymen for *him*, and so on through a catalogue of absurdities with which he debases our literature.

Before to-day a “homœopathician” has ascribed a post-diphtheritic paralysis to the arsenicum given by the attending physician *just before the paralysis appeared in the evolution of the disease*. The poor symptom-counting “homœopathician” had not learned that paralysis can follow diphtheria when no arsenicum has been used, yet he “proved to the satisfaction of all intelligent, logical and literary men” that the paralysis in point was due to the arsenicum *by quoting the symptoms of arsenic*.

It is a “homœopathician” with similar knowledge and kindred “logic” who finds the remedy for “indurated glands and swollen abdomen” in a sugar-tit; but some of us with more knowledge and less “logic” are asking if it was “colic or pure cussedness” which the distinguished “Philadelphia Doctor” wheedled so successfully with a placebo. The “homœopathician’s” knowledge told him that the heavens have a Milky Way and lo, his “logic” has “proved to the satisfaction, etc.,” that the moon is a green cheese. The “homœopathician” expounds Homœopathy as successfully, and let me add—as satisfactorily.

If Dr. Hempel’s writings have “gone to the paper mill” they have set “Ad. Lippe’s” a splendid example. But Hahnemann’s *Lesser writings* went “to the paper mill,” and what does that prove to the “homœopathician?”

Dr. Hempel, old and blind, needs no defence. He is the Father of English Homœopathic Literature; he will live in grateful remembrance while that literature exists.

Dr. Hempel and “Ad. Lippe” are each the author of a *Materia Medica*. Dr. Hempel in his work has prefigured the *Materia Medica* of the future; and that is a *Materia Medica* which the mere “homœopathician” can never comprehend; *he* will never get beyond the alphabet; Hempel aspired to a philosophy. A physician’s comprehension of Hempel’s *Materia Medica* is the measure of his attainments as a physician.

“No man,” says Emerson, “can learn what he has not preparation for learning, however near to his eyes is the object. A chemist may

tell his most precious secrets to a carpenter, and he shall be never the wiser—the secrets he would not utter to a chemist for an estate. God screens us evermore from premature ideas. Our eyes are holden that we cannot see things that stare us in the face, until the hour arrives when the mind is ripened; then we behold them, and the time when we saw them not is like a dream.”

Hempel's great mistake was his endeavor to put the student, at one bound, beside himself. He forgot the years that intervened; the days and nights of study by which “the mind is ripened.”

This mind-ripening is a painful process to Asinus, and, alas! it is Asinus who carries many a cargo to the paper mill. “Bless God *for* paper mills;” brays Asinus when his load is lightened.

“Ad. Lippe's” *Materia Medica* is such a flagrant violation of the *purity* on which Hahnemann so strenuously insisted that the *American Homœopathic Review* was discontinued, in order that this *Materia Medica* might not be reviewed in it. The late Doctor Dunham told me this with his own lips. To have given such an opinion of that book as its impurity demanded would have been to split a party whose cohesion was needed to oppose the heresies of Dr. J. C. Peters. Silence was the part of prudence, and silence could be had only by discontinuing the *Review*.

In making that *Materia Medica*, “Ad. Lippe” did not go to Hahnemann; it is a rechauffe of the Allentown edition of Jahr's Manual, with here a patch from the clinical rag-bag and there some “cabbage” from the Old School.

Dr. Dunham was *the* editor of the *American Homœopathic Review*.

In the above letter this “Philadelphia Doctor” writes of the loved and lamented Dunham in this strain: “On page 35 the potentiser of sin has an apparition, there appears the smiling face of the father of the Freedom-dodge; he has momentarily left the majority* as Prof.

* To show the *animus* with which this fellow perverts my language to suit his purpose I cite the words used by me: “gone over to the majority.” So far as I know, this phrase was first used in English literature by the warm-hearted author of *Rab and his Friends*. It is perhaps too much to expect that a “homœopathician” should know that Dr. John Brown's scholarship led him to follow Sydenham in the use of this phrase. “Sydenham is rarely content to say that his patient *died*. He says *ivit ad plures*; literally, *he went over to the majority*. Expressions like these can rarely be rendered by exact equivalents; yet it is to expressions like these that the original Latin owes much of its Latinity.”—*Dr. Latham's preface to his translation of Sydenham's works*, p. VI.

J. has it, wonder at it, he was always seeking to go with the Majority : And now the Prof. talks of a reviler of this father of the Freedom-dodge which brings such manyfold fruits and these papers of Joneses, one of them, and only one in a whole School ! Who can that be ?”

I answer plainly, the fellow who hyena-like desecrates a grave sacred to every lover of the only Homœopathy that is recognised by the God of all truth. It were a pleonasm to say that this creature is known amongst men as “Ad. Lippe.”

Dunham, whose name is a household word wherever homœopathy is known, whose scholarship is a bright example for all future physicians, whose writings are authority alike to every faction, whose teachings are the glory and the strength of his every student, whose friendship was as dear a boon as ever God permitted man to give to his fellowman, whose life was a realization of that charity which envieth not, which vaunteth not itself, which is not puffed up ; whose influence, thank God ! defies death—Dunham *der Einzige*, reviled by this shameless thing !

O, crawl into oblivion, thou thing !

* * * * *

That the world has stood still since Hahnemann died is the idle dream of the little ones ; that the *similar* is the only means of cure is the error of the little ones ; the dreamer is to be awakened to the broad glare of to-day, and the error is to be seen in the sunlight of science. That there are those whom the long darkness has blinded irretrievably, and also those who cannot distinguish error from truth, will not avail to arrest the progress toward the light. And that the light will modify existing beliefs is inevitable.

What has the fullest extent of that progress in store for us as homœopaths ?

It will modify our conceptions of disease, and the dermatologists have done this already for him that will read and reflect. It will extend our knowledge of the causes and conditions of disease, and it has done this already as regards the contagious and infectious diseases. It will increase our means of precisionizing disease, and we shall solve many a problem that is now inscrutable, as, for instance, the essential nature of the many-shaped hysteria. It will amplify

our methods of exploration and examination, and fortify our diagnoses. It will establish our prognoses on other than an empirical basis. It will enable us to reach the summit of science by averting disease.

These are consummations for which the "homœopathician" does not look; they will come, however, and overtake him while he is seeking "the *similimum*" for a phantom tumor!

When they do come, they will find our simple law holding its place as the only *a priori* guide for the selection of a remedy in an entirely new, and in an exceptionably obscure case. The symptoms that will determine the selection of a remedy then will have their value and significance determined by the combined aid of optics, physics, and chemistry, and we shall not be deceived, as we now are, by errors of interpretation—we shall get a similar that agrees in essence, and not a mere empty echo of the patient's narrative in the prover's record.

And in that day we shall find our despised posology championed by the irresistible logic of an unquestionable experience, and universally accepted. That posology, however, will include doses as horrifying to the heaven-scaling "homœopathician" as his so-called millionth potencies are now mirth-provoking to not only the unregenerate "regular."

And all this will come from perfect "Freedom of Medical Opinion and Action." Stake out the ground, and say, *thus far shalt thou go, and no farther*, and progress is hampered. It is only those who stray beyond the camp lines of civilization that find the "green fields and pastures new" which, when inhabited and tilled, send up the smoke of the cottage, of the hamlet, the village, the town, the city, to beckon to the timorous doubter who wallows in the slough of Nothing-Beyond.

Sorely do they mistake who imagine that any progress is bought by the sacrifice of any principle—the man who attempts it is Wyld and will learn his disappointment with Paine.

An abiding trust in the truth that we have found, a warm welcome for that which all earnest truth-seekers shall find, and a deep consciousness that only truth can survive every conflict, is all that we need. With these the present is rich in hope, and the future ripe in promise, for every true physician. The "homœopathician" must learn this or in the struggle for existence his will not be the survival, and, what is worse, there will be none to mourn him. S. A. JONES.

WATER-METER POTENCIES.

TO THE EDITOR OF THE "OBSERVER."—It is not usual for the editor of a journal to publish an article that he deems necessary to preface with an apology, but for fear that the readers of the OBSERVER should not notice the depth (of degradation) which they have not yet reached, but which, he says, Professor Jones "has sounded," its editor has done so. Truly the Trustees of the University of Michigan must feel proud of a Professor capable of writing such a profound, argumentative, logical, scholarly paper; had it emanated from one of the faculty of the University of Pennsylvania, his resignation would have been requested, or he would have been sent to Kirkbride's as hopelessly insane.

Does Professor Jones consider personalities a reply to argument, or a vulgar attempt at wit a substitute for logical reasoning? Professor Jones dodges the question in a very undignified manner; but as some of his pupils, (even if they did, as he sneeringly asserts, come "from the plough-tail,") may be able to understand, while he, with all his theoretical knowledge, cannot, I will re-state my answer to his question if I "have ever calculated the bulk of water required to make the 4,000th centesimal potency." If to one grain of a soluble salt, like *Natrum Muriaticum*, I add 99 drops, or, for the purpose of explanation, say 100 drops of water, and shake the vial, I have made the first centesimal potency according to Hahnemann, and each drop of that potency contains one one-hundredth of a grain. The vial is then emptied, and 100 drops of water are added to the adherent drops in the vial, which Dr. Carroll Dunham told me he had ascertained, by careful experiments, held the relation of 1 to 100 of the capacity of the vial—this, in turn, is emptied, after succussion, and again refilled, and this process is continued till the required potency is reached. Now in Hahnemann's formula, as seen in the *Chronic Diseases*, page 194, Vol. I, we gather the following knowledge of the process:

One grain of salt, 100 drops of water makes 1st potency, each drop of which contains one one-hundredth of a grain of the salt. One drop of the 100th, or first potency, and 100 drops of water, after succussion, makes the second potency, each drop of which contains one ten-thousandth of a grain of the salt. One drop of the 10,000th, or second, potency, and 100 drops of water, after succussion, makes the third potency, each drop of which contains one one-millionth of a grain of the salt. Here we have made the third potency, have used in the manufacture 300 drops of water, and subdivided the grain of salt into millionths. Continue this process as far as you please you only use 100 drops of water for each potency, and the denominator of each potency represents only the fractional part of the original salt contained in one drop of that potency. and does not represent minims, or drops of water used.

And here I would say, that as some believe that potentizing is a process to infinitely divide the particles of matter. It may be interesting to carry the process of subdivision to a limit where it should cease to affect the diseased human organism, and they could then approximate to an appreciation of the size of the ultimate atom.

Any person can try the above process of potentization, and test for themselves its truth ; but to those who will not *try*, it is useless to say more. Dr. Hering says: "*It is of no use to argue with any one who will not make the experiments, or not make them properly, or flatly denies the results.*"

To make one potency it requires 100 drops, to make the 4,000th it will require 4,000 times 100 drops, or 400,000 drops of water. What fraction of a grain is contained in a drop of the 4,000th potency I leave to those who have more time and curiosity than I have. But how much water it takes to make the 4,000th, which was the question asked, I have answered, and I will only add my regret that Professor Jones should have so lowered himself to write such an article, which may make fools laugh and applaud, but which has made his best friends

grieve. I am aware of his labors and trials, that have borne so heavily upon him in his fight on the "skirmish line," and no one has a greater desire to alleviate the one and lighten the other than I have, and I have never placed a straw, even, in his path, and still fail to find in my article the "shaft that rankled in his flesh;" but even if it is so, a clear logical argument, or an admission of his error, if he sees it, would have gone far toward withdrawing the barb and healing the wound, while ridicule and personalities only irritate and keep it open.

Men now-a-days are judged by what they are, not what they were. If no man can be answered until it is first ascertained if he had or had not been a chimney sweep or a gutter-snipe, and then is ridiculed and vilified instead of answering his arguments, uncharitable people will be apt to think his argument unanswerable; even such an one may be an exponent of the *Homœopathy of the Master*, which is a widely different article from the homœopathy of the schools, as graduates are continually finding, when they apply to the master's writings for knowledge. Had there been no question at issue of interest to the profession, Professor Jones may rest assured that no notice would have been taken of his ridicule or personalities. They are lived down, not talked down. SAMUEL SWAN, M. D.

PROF. JONES' REPLY.

MR. EDITOR: I fully agree with the distinguished proprietor of the "nickel-plated water meter, Tom Thumb alarm" etc., that there is a "question at issue of interest to the profession; only for that *fact* I should not care to bag such small game as New York swans or Philadelphia geese.

The water-meter-man, like the cuttle-fish, seeks to escape in an inky cloud of his own making. The poor fellow does not know that there is a world of light in printer's ink!

Before me as I write is a heliograph of *the* water-meter in its rosewood case, the doors of which are open, displaying the "machine" all ready for "business."

On the back of this picture is the "business" feature, to wit: "Price List for Pellets." Just below the said "Price List" is a description of "Dr. S. Swan's Potentizer," from which I obtain the following:

"Accident, introduced to my notice a water-meter, patented, but not yet made public, which was remarkable for the accuracy of its notation. A dial was graduated to cubic inches—and a circle of the dial indicated 2000 inches. Repeated experiments showed that the cubic inch contained three hundred drops—so that the passage of a cubic inch of water through a vial containing one drop of tincture, made the third centesimal potency."

I have quoted literally, punctuation and all, as any possessor of one of the said price-lists can testify.

According to Swan "the passage of a cubic inch of water—three hundred drops—through a vial containing one drop of tincture made the third centesimal potency." That is, one drop of tincture diffused throughout three hundred drops of water made the third centesimal potency.

Then one drop of the water-meter-man's "third centesimal potency" contains, in round numbers, one three-hundredth of a drop of the tincture. One drop of Hahnemann's third centesimal potency contains one one-millionth of a drop of the tincture. The Hahnemannic potency being 3333.3 degrees "higher" than the water-meter-man's.

[The reader will permit me to say that I publish the above *reductio ad absurdum* solely for the benefit of the maker and vender, and the users of water-meter potencies.]

The dilemma of the water-meter-man is this: he is compelled to admit that the vial must be emptied at each successive one-hundred drops; and he is obliged to show that this emptying has been done in the instance of such water-meter potencies as he has already put upon the market.

This latter he cannot do in the face of the statements he has already made. He cannot do it with his water-meter as it now is, for that intelligent automaton—fitting ally—records cubic inches—"three hundred drops"—of water, and the Hahnemannic method requires Tom Thumb to indicate each one-third of a cubic inch.

Take the water-meter-man's mathematical calculation as given on page 50 of this Journal for January:

"Under a pressure of 15 pounds to the square inch, the water passes through my potentizer at the rate of three gallons to the minute, so it does not take much time to make the 4,000th potency. To make the millionth potency requires 100,000,000 minims of water, equal to 1,627,29-48 gallons, or 45 7-36 barrels of 36 gallons each, and requiring *about nine hours to make it.*"

The time specified shows that the water-meter-man did not empty the vial, and some one who is in his confidence had better make it a labor of love to teach him what potency is made when one drop of tincture is diffused throughout 100,000,000 minims of water. I offer such a good soul a memorandum:

One drop in 100 drops is the 1st potency.

One drop in 10,000 drops is the 2nd potency.

One drop in 1,000,000 drops is the 3rd potency.

One drop in 100,000,000 drops is the 4th potency.

The water-meter-man's "Price List" offers this precious "potency" at \$1.20 an ounce; our pharmacists will supply the same potency, properly made with chemically pure alcohol, at 30 cents an ounce.

I don't desire to make any personal application, but a Hudibrastic couplet leaps into recollection:

"No doubt the pleasure is as great
Of being cheated, as to cheat."

"Men now-a-days are judged by what they are,"* says Samuel Swan, M.D., and we sincerely trust that he has told the truth.

* * * * *

The "question at issue" is, Shall our School be sacrificed by its fag-ends? By those who have never grown up to Hahnemann's standard, or by those who have hypertrophied (or fatty-degenerated) beyond it? That is the "question at issue," and there is equal danger at either extreme. Of the result there can be no doubt, for both ends will eventually separate, slough off, leaving a sound middle portion. Meanwhile, escharotics are "indicated" to hasten the process. "My dear Sir, my little stick of caustic is at your service. Its application will cause you to make faces—that is a peculiarity of all caustics—but it is nevertheless bad manners to damn your physician."

S. A. JONES.

P. S.—Both Lippe and Swan agree that I refer to my own pupils, "sneeringly," as coming "from the plough-tail."

Alas, I made the acquaintance of the plough-tail specimens long before I came to the University of Michigan. Years ago I published the following sample of a report made by one of the plough-tail species:

*On such data I should be inclined to regard our potentizer as the AQUARIUS OF HOMŒOPATHY. If the HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY will only issue a "homœopathic" almanac, we will supply a brand new set of *signs of the Zodiac*.

N. B.—None of our luminaries need apply for the place of the *water-man* and the *crab* are "taken," and all the other candidates will be selected by lot from Cleave's *Biographical Cyclopædia*.

"Urin of X. Y.

18 * *

December 20.

- No. 1. Rich in Acid.
- No. 2. Pe gr. 27°.
- No. 3. Soled matter, 54.
- No. 4. Albumin, none.
- No. 5. Very small quantity of Shugar.
- No. 6. Rich in Bile.
- No. 7. Not much Urear.
- No. 8. Rich in Phosphates.
- No. 9. No uric acid.
- No. 10. Rich in Chlorine.*

The patient was Plough-tail's brother, and Plough-tail's "Professor of Chemistry" made the above valuable analysis, which Plough-tail "reported." I can give minuter details—even of latitude and longitude—if required.

Such are the Plough-tails to whom I referred. In this University a pre-matriculate examination relegates such specimens to the plough tail, or sends them to swell the list of some medical college which is ardently engaged in "raising the standard of Medical Education." As a consequence, the said standard is rapidly "going up"—pity that it hasn't "gone up."

"NINE MONTHS COURSE."

Under the above caption in the November No., "Nebula" tells the profession some very plain truths. It is a lamentable fact that preceptors take medical students without even a common school, to say nothing of a reputable English, education; and from this source our school has suffered in the past and is now suffering more than from any other cause.

But "Nebula" certainly knows that "two wrongs seldom make a right," and he cannot, even if he would, make the profession "shoulder" the responsibilities of College Faculties. Give the profession a standard of preliminary education, which must be passed by students before their medical studies begin, and preceptors can then demand it of students.

The Colleges must elevate the profession; not the profession the Colleges. Every High School, Grammar School, Seminary, Academy and University in the land requires certain preliminary educational requirements, and why not medical colleges?

"Nebula" asks for a "College unsupported by State, etc., which sends such misguided boys home." There are three or four medical Colleges in the adjoining Province of Ontario—which have maintained themselves for years—and which demand a higher standard of medical education, and compel students to come up to the standard. They may not have so many students, but the quality compensates for lack of numbers. Their degrees, when obtained, are correspondingly valued.

All honor to "Pulte College" for offering a "nine months course" and superior advantages to students. The efforts of the Faculty in that direction will be appreciated, and a Degree from "Pulte College" will be all the more highly prized because every one cannot get it. But "Pulte" must take another advance step, and, like Michigan University, require a preliminary matriculation examination. It is only a question of time when all must do it, and the first College to voluntarily make the advance will receive from the profession a renewed support. I hope to see in the next annual announcement of "Pulte College" a matriculation and medical curriculum like the following, which has been abridged from the announcement of Trinity Medical College, Toronto, where it has been in successful operation for many years.

H. C. ALLEN.

MATRICULATION EXAMINATION.

1. Every student of medicine must, before his professional studies begin, pass a satisfactory examination upon the following subjects, viz :

English Language, including Grammar and Composition.

Arithmetic, including Vulgar and Decimal Fractions.

Algebra, including Simple Equations.

Geometry, first two Books of Euclid.

Latin, Translation and Grammar.

And upon one of the following subjects, the candidate having the option of naming the one upon which he will be examined, viz :

Greek, French, German, Natural Philosophy, including Mechanics, Hydrostatics and Pneumatics.

2. Graduates in Arts are not required to pass the Matriculation Examination.

3. Every medical Student, after Matriculating, shall be registered in the prescribed manner, and this shall be held to be the preliminary to his Medical Studies, which shall only be considered to begin from the date of such registration.

MEDICAL CURRICULUM.

1. Every Student, after his Matriculation has been registered, must spend a period of four years in actual professional study, except :

2. Graduates in Arts of any recognized College or University will only be required to pass three years after graduating in attendance upon Medical Lectures before being admitted to final examination.

3. Every Student shall attend Medical Lectures for at least three Sessions of six months each.

4. Each "Six Months Course" shall consist of not less than one hundred Lectures.

5. He must spend a period of six months in the office of a qualified medical practitioner.

6. He must have attended the practice of a General Hospital for eighteen months.

7. He must have attended six cases of Midwifery.

Clinical Observations.

PROF. CHARLES GATCHELL, M.D., ANN ARBOR, MICHIGAN, EDITOR.

In taking up the quill and scissors to assume control of the Clinical department of the OBSERVER, the Editor wishes to say a few words to would-be contributors.

All well-written reports of general interest will be welcomed. It is desirable that they should be as short as the nature of the case will permit, given in concise and relevant language.

Cures of well marked chronic cases, in which but a single remedy was used at a time, will be especially acceptable.

Reports of ordinary acute diseases should possess something of peculiar interest to recommend them. In the application of remedies let the specific condition and symptoms calling for the exhibition of the given drug be made clear. Such reports are of use mainly in furnishing instruction to students and young practitioners, and in order to fulfill the condition the reader must understand in the given case of dysentery *why Colchicum* was given and not *Cantharis*, or some other remedy. The *name* of the disease is not sufficient. And especially if two remedies are given in alternation, some good and sufficient reason should be stated for this departure from rational practice.

* * * * *

All rejected MSS. will be returned if accompanied by stamps.

An especial appeal is made to old and experienced practitioners to send reports of the interesting and instructive cases with which we all know they are frequently meeting.

CHAS. GATCHELL.

Ann Arbor.

NOTE.—The above introductory has been somewhat abbreviated in order to give place to the following from Dr. J. P. Dake, which meets with our hearty endorsement. It is earnestly hoped that those of intelligent experience and mature judgment, the “wise and sober men” of our profession, will respond to this appeal, to the end that this department of medical journalism may become a source of accurate knowledge to those who are but beginning the study of the practical application of remedies to the cure of disease.

If it is not worthy of such support, then let it perish!

CH. G.

CLINICAL REPORTS.

FRIEND GATCHELL:—You ask me for some cases of homœopathic treatment, where cures were effected by a single remedy, etc., which you may publish in the Clinical department of the *Observer*.

Allow me, first, to say a few words in regard to clinical reports.

When, as a student, I examined the proofs and bearings of the homœopathic law, and more especially when, as a practitioner, I came to understand its applications, I felt, as did the Master himself, that we were emancipated from the dominion of *empiricism*, or as more agreeably stated, *clinical experience*.

Of course curative results, under the pointings of the law, were necessary, as *proofs of the law and as illustrations of its application*.

Hahnemann, I believe, in the long years of his homœopathic practice, thought proper to publish but four cases, though often importuned to publish more.

In 1833 he wrote—“The request of some friends, halting halfway on the road to this method of treatment, to detail some examples of this treatment, is difficult to comply with, and no great advantage can attend a compliance with it. Every cured case of disease shows only how *that* case has been treated.”

And at the same time he wrote—“I am astonished that after the very peculiar directions contained in the *Organon of Medicine*, more special instruction can be wished for.”

The view he entertained, and the only correct one for us and for those who come after us to entertain, is that, in the use of medicines to cure the sick, we must first, *know the pathogenetic range and characteristics of the various drugs to be employed*—second, *the range and characteristics of the affection to be removed*—and then, *the SIMILARITY of the range and characteristics in the one case with those in the other*.

Hahnemann continually, and most properly, denounced a reliance upon clinical experience, in place of the pathogenetic record and the pointings of the law, *similia*, in the selection of remedies.

But how many, who profess to understand and follow the *Organon*, who even claim to be "Homœopaths" *par excellence*, display their clinical cases, from month to month? We have had ample illustrations of the old adage.

"Fools rush in where angels fear to tread."

Our Journals have been burdened with reports of cases from young graduates, and young converts from the old school, burning with zeal and ambition for preferment in the new.

Those who have been toiling for many years in the great field of medical practice, who have been often successful and yet many times disappointed in their earnest endeavors, look upon such reports with great distrust, and upon their authors as possessed of more zeal than knowledge.

A close examination of such reports too often reveals the fact that the recoveries were due altogether to other causes than the medicines prescribed.

And, not unfrequently, there is evident an effort to *trim up* the symptoms of the case to suit the drug employed.

I do not hesitate to declare my belief that, three-fourths of all the clinical reports appearing in our Journals, and that have gone into the volumes of Raue's Record, are of no worth whatever, to the practitioner; and, further, that a large proportion of them are positively misleading and pernicious.

So well informed a man as Dr. Richard Hughes of England informs us, that he had imbibed the belief, from reading our Journals and books, that a large majority of our American practitioners were in the habit of using the "high potencies."

Where did he get such a false impression, except from the great number of clinical cases reported, over here, as cured by certain doses, labeled *Fincke*, or *Jenichen*, or *Swan*?

Men, fond of the marvellous, enthusiasts, and such as imagine they will be considered more "simon pure" by pretending to use the "high potencies," parade all the cases they can muster, and that our long suffering editors will publish, with sure mention of the 200th or 60,000th "potency" employed.

Sober, well informed and experienced men hesitate to assume that their medicines have cured, in all cases of recovery, where they have been administered. They have some proper regard for the environment of the patient and the recuperative powers of nature, untouched by medicines.

But, I fear, I am writing too long a letter, and will close by cautioning you to publish no reports except from wise and sober men, aware of the great responsibility of their work.

We want facts, not fancies and fabrications, to illustrate our law, verify our pathogeneses and improve our therapeutics.

Fraternally Yours, J. P. DAKE.

P. S.—I will endeavor to send you reports of a case or two illustrative of my practice.

D.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

A FEW CLINICAL CASES.

BY THE EDITOR.

ACUTE RHEUMATISM.—J. T. C., aged 18, of atra-bilious temperament, was exposed to a drenching rain on returning from a base-ball game in which he took part, May 23d., 1877. On the following night he was seized with a severe attack of inflammatory rheumatism, involving both the large and small joints of all the limbs. I first saw the patient at 10 A. M., on the 24th., when his condition was as follows:—Tongue loaded with a yellowish-white coat; pulse 120, full and bounding; temperature 103°; face pale, puffed, and covered with warm perspiration, intense thirst; anorexia, with slight nausea; urine scanty and high-colored; joints and limbs greatly swollen, stiff, red, and very sensitive to the touch. Patient sits in a semi erect position, with the limbs extended on pillows. Prescribed *Rhus tox.* 3, fifteen or twenty drops in half a glass of water, one teaspoonful to be given every hour. Limbs to be enveloped in cotton-wool batting.

May 25.—Temperature 101°; pulse 112; tongue less heavily coated. Medicine every two hours.

May 26.—Temperature 100°; pulse 100; tongue beginning to clean at the tip and edges; can move the smaller joints without much pain. Give the *Rhus* every three hours.

May 27.—Temperature 99°; pulse 94, full and regular; swelling of the larger joints beginning to subside. Medicine only three times per day.

May 28.—Temperature nearly normal; pulse 85; tongue cleaning rapidly; patient passed a very comfortable night; can move his limbs, and can lie in a horizontal position. Continue the treatment.

May 31.—Able to move about with a cane.—Convalescent.

SCIATACA.—A. C., aged 45, nervo-sanguine temperament and rheumatic constitution, became “chilled through” by standing at the polls, at the Nov. election, 1876. Was called to see him Nov. 21, and found that, on attempting to rise in the morning, he experienced such severe pain in his back and hip as to bring on an attack of syncope. He complained of intense aching and soreness, extending from the left natis to the knee, with occasional but very severe pains darting from the left sacral plexus of nerves to the ankle joint. There was some fever, but not much swelling or redness; tongue coated with a thin white fur.

Aconite 3, ten or fifteen drops in half a glass of water, a teaspoonful to be given every hour.

Nov. 22.—Passed a very restless night, but has been comparatively easy since 6 a. m. Continue the same treatment, applying the following liniment, *hot*, whenever the pain becomes excessive:—*Aconite* θ f3ij, *Aqua fluv. Oj*.

Nov. 23d.—Passed a more comfortable night, sleeping from 10 to 11 p. m., and from 3 till 5 a. m. The local use of the *Aconite* gave marked relief at every application.

From this time on, the case “rocked along,” sometimes better and sometimes worse, but generally undergoing a gradual improvement, until the 9th of Dec. following, when the pain and soreness entirely disappeared, no other remedy than *Aconite* having been employed in the case.

TYPHOID FEVER.—I have recently had four cases of this disease, *all of which recovered*. Three of them were in the same house with two other cases, under “Eclectic” treatment, *both of which died*, although attended by the famous “Prof. Curtis,” as council. The cases that recovered were treated mainly with *Bap.*, *Bry.*, *Rhus* and *Ars.*, and wet compress to the bowels. The latter was kept applied from first to last, and had a most soothing effect upon the glandular inflammation and

intestinal irritation, in every case. The others were treated with Lobelia, Cayenne pepper and purging, *secundem artem*. Is it any wonder they died?

DIPHTHERIA.—Oct. 3, 1877, was sent for to see Robie J, aged 12, sick three days with "sore throat." Found the following symptoms:—Pulse 140; cheeks crimson; drowsy, at times delirious; breath very offensive; cervical glands enlarged; fauces covered with a thick, yellowish-brown membrane, extending into the posterior nares. Bell. 3, alt. with Kali chl. 1 x every hour. Alcohol gargle.

Oct. 4.—Pulse 120; no delirium, but very restless; breath less offensive; membrane still thick and adherent; great difficulty of swallowing; expectoration stained with blood. Merc. biniod, 2 x, one grain every hour for four doses, then every three hours. Alcohol wash night and morning, with chlorate of potash gargle between times.

Oct. 5.—Pulse 104; membrane becoming detached from the fauces, but apparently extending further into the nares; membranous sloughs mixed with bloody coagula. Kali bichrom. 2 x, in solution, every hour. Continue the gargles.

Oct. 6.—Pulse 90; but slight amount of membrane remaining. Continue treatment.

Oct. 7.—Patient convalescent.

MUSCULAR RHEUMATISM.—Mrs. H., on attempting to rise, on the morning of Nov. 4, 1877, was seized with a severe pain in the right shoulder, extending to the spine, and to the muscles of the right side of the neck. No pain, except of a dull, drawing character, was experienced except on movement, when it would always become very severe, and even "sickening." This condition continued, in spite of liniments, hot flat irons and mustard, until I was sent for on the following day. Prescribed Bry., 1 x dil., three drops in half a glass of water, a teaspoonful every hour until relieved. Patient took but two doses, and was permanently relieved.

ACUTE PULMONARY TUBERCULOSIS.—Mrs. B., aged 41 years, had hardly convalesced from a four week's attack of typhoid fever, when she was taken with a dry, hacking cough, worse at night, attended with slight dyspnœa, and transient pains in the chest. Bell., every three hours, greatly mitigated the symptoms for about a week, when they became greatly aggravated, which the patient ascribed to "taking cold." There was not at this time any perceptible dullness on percussion, but the cough was frequent, hard, and somewhat paroxysmal; the skin of a yellowish, cachectic color; pulse 120; profuse night sweats; and slight œdema of the ankles. These symptoms were all relieved by Acon. 3 x dil., ten drops in half a glass of water, a teaspoonful every three hours. In about ten days I was sent for again, and found that the cough, night sweats, etc., had returned with greater violence than before, and were rapidly prostrating the patient. Prescribed Aconite as before, but this time it failed to do any perceptible good. Recognizing the case as one of acute tuberculosis, I now placed the patient upon Calc. hypophos., 1 x trit., one grain three times a day. In three or four days the night sweats were arrested and the cough greatly mitigated, and in the course of about two weeks, all unfavorable symptoms were removed, and the patient had gained greatly in flesh and strength. There is still an occasional "hack," but no tendency to relapse, some three months having passed since the last seizure. She is now taking one dose per day of the hypophosphite every alternate week.

The above is one of three similar cases which have recently occurred in my practice. All of them set in immediately after an attack of typhoid fever. The second case became complicated with pericardial and abdominal dropsy, which was relieved with Arsenicum; the cough, night sweats, etc., then set in, and were successfully treated with Calc. hypophos., as in Case I. The third case is still under treatment, having

taken the hypophosphite for about a week, but as yet, without any apparent benefit. The last-named patient suffers with constant congestion of the base of the brain, which is partially, or rather temporally, relieved with Cimicif. Is tuberculization going on there, too? There is an hereditary predisposition in all three cases. Will report farther on these cases in a future number.

Note.—Since writing the above, the last-mentioned case has yielded very happily to the continued use of the hypophosphite.

It is frequently the case that acute tuberculosis is attended by symptoms supposed to be characteristic of typhoid fever, and which may easily result in a mistaken diagnosis; but these were all genuine cases of typhoid, as shown by the rose-colored spots, exposure to the typhoid poison, etc.

CASE OF MENINGITIS.

Patient, a lad in his seventh year.

Nov. 15, 1877. Attacked with violent headache, sickness and vomiting. Parents, who kept some homœopathic remedies, gave such as they deemed suited to his case, and the next day or two he seemed better, but on Saturday evening, Nov. 17th, he grew worse, had a restless night, and on Sunday kept his bed, and was reluctant to be moved.

On Monday morning, Nov. 19th, I was called and saw him for the first time. Found him lying on his left side, limbs drawn up, bowels tympanitic and tender to the touch, hearing very acute, eyes dull, tongue shown with difficulty and coated yellow, pulse 120. The head was drawn toward the left side, the muscles on the opposite side of the neck being exceedingly tense, and no movement of the head possible. There was great tenderness in the region of the cerebellum, and motion of any kind gave excruciating pain, and was accompanied with spasms of the extremities. Gave *Gelsemium* and *Cimicifuga* 3x.

alternate two hours, and ordered wet compresses applied to the neck, of the temperature most grateful to the patient.

Tuesday morning, 20th. But little change in the condition of the patient except that there was less tension of the muscles of the neck. Continued same remedies as given the day previous, but in lower attenuations, and at shorter intervals.

Wednesday morning. Pulse less frequent, but spasms oftener during the night than the day previous, and kidneys had not acted for seventeen hours, and then very sparingly.

Gave *Cicuta virosa*, 30x, in alternation with *Kal. brom.*, 3x, once in two hours.

Thursday morning. Patient manifestly better. Has had no spasm since 7 o'clock the evening before, kidneys have acted three times during the twenty-four hours, can bear a little motion of the head, and bowels less tympanitic. Continued same remedies.

Friday. Patient moved from bed to a chair, which he continued to occupy for several hours. Rested well during night. Tenderness nearly all gone from cerebellum. Continue *Cicuta* and *Kal. brom.*

Saturday. Still improving. Sat up nearly all day. Medicine as above. Sunday did not see him.

On calling Monday morning, the eighth day after my first visit, he came into the room dressed, walking with only slight assistance from his mother.

Two weeks have elapsed up to this writing, and I have no knowledge of any relapse, which I am sure I should have had if any had occurred.

S. W. RAYMOND.

Clinton, Oneida Co., N. Y.

REMEDY FOR BURNS AND SCALDS.—(*Medical Record*.)—Dr. G. F. Waters, of Boston, recommends the use of bicarbonate of soda as a local application to burns and scalds. The soda must be sprinkled over the injured part, and a wet cloth applied over it. Under this treatment the pain is almost immediately relieved, and the healing process goes on very rapidly.

Translations from Foreign Journals,

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

SYMPTOMATOLOGY FOR THE LOCALIZATION OF CEREBRAL TUMORS.

Dr. Petrina gives the following hints in the Prager Vierteljahrschrift :

1. *Tumors of the convexity*: Isolated crossed clonic spasms ; consciousness mostly preserved,—*never perfect hemiplegia*.—Long continued headache, considerable vertigo, nervous irritability—circumscribed disturbances of sensibility, anabliopia and altered hearing.

2. *Anterior lobes*. Mostly frontal pains ; intellectual and psychical alterations and abnormities with or without partial chorea, paresis or (more rarely) hemiplegia.—No disturbance of sensibility.—General convulsions, rarely with loss of consciousness ; disturbances of sight, smell and hearing.

3. *Vertical lobes*. Crossed hemiplegia, often *suddenly*,—frequently aphasia (with left-sided disturbances of the island),—only when the tumor is very large, convulsions general.—Disturbances of sight, of cutaneous sensations, frontal headache.

4. *Posterior lobes*. Crossed paresis ; partial paralysis of the oculomotorius on the same side ; disturbances of intelligence ; convulsions ; disturbances of sensibility and of the senses.

5. *Motory ganglia*. (*a.*) Ganglion ciliare. Crossed hemiplegia, with loss of consciousness, frequently convulsions, also aphasia.—In affections of the capsula interna, high-graded anæsthesia (*b.*) Corpus striatum ; total hemiplegia, loss of consciousness, convulsions, psychical and intellectual disturbances, —*tremor, chorea, amblyopia*.

6. *Thalamus opticus*.—Sometimes general convulsions and sensory disturbances, (according as the destruction is in the fibres to the tract. optic or Corp. genic. med.); *optical*

lesions (paralysis of the opticus, changes in the pupils, nystagmus, exophthalmos) or *vasomotory* disturbances, (considerable differences in the temperature, cyanosis, circumscribed redness); with extended tumors; retarded speech, psychico-intellectual disturbance.

7. *Hypophyses*. (Pituitary gland). Extreme sleepiness, loss of memory, mental apathy, slow speech,—amblyopia, amaurosis and other disturbances of the senses, paralysis of the oculomotorius, headache, high-graded *diabetes mellitus*.

8. *Pedunculus cerebri*.—High-graded *vaso-motory* disturbance and *anomalies of temperature*; early simultaneous paralysis of the oculo-motorius; *palsy of the bladder*, crossed paresis and disturbance of sensibility: intelligence not deeply disturbed, but often the senses; especially the optic nerve, —forced movements and anomalies of position on the side opposite the tumor.

9. *Crus cerebri*. Unilateral position of the body; forced lateral position, rotation around the axis of the body; unilateral position of the bulbs. Vacillating gait with tendency to fall over to one side; frequently disturbance of the senses, vertigo and headache.

10. *Cerebellum*. Frequent occipital headache; manifestations of motory irritation; walking as if intoxicated, with severe headache; disturbances of co-ordination (of the vertebral muscles); crossed paresis; frequent disturbance of the senses; strabismus convergens.—Diminished electrical re-action on the sound side of the body.

11. *Pons Varolii*. Alternated hemiplegia, paralysis of the muscles of the eyes (strabismus convergens), paresis of the lingual muscles, anæsthesia, dysphagia, disturbances of sight and of the other senses, of the trigeminus; sometimes crossed sensory disturbance between the trunk and one half the face. Frequent vertigo and vasomotory troubles.—No general convulsions.—Characteristic electrical re-action in the paralyzed

facials, disappearance of the electro-muscular contractility for the induced current with increased electro-muscular contractility for the galvanic current and simultaneous diminished galvanic irritability of the facial branches. *Zeitschr. f. hom. Klin.* 19, 77.

CASE OF POISONING.—A woman of 25 years took a piece of *Kali chromicum*, about as big as a hazel-nut. She soon suffered from abdominal pains, vomiting, bloody stools, and general debility. Six hours after taking the poison perfect collapse followed by death a few hours later. Autopsy revealed the mucous membrane of the lower lip dark red, the coronary vessels of the stomach moderately injected, the contents of the stomach of a chocolate color with alkaline re-action. The gastric mucous membrane, especially near the cardia and pylorus dark red, swollen on spots, bloody suffused. The intestinal tract showed a severe, acute, hæmorrhagic inflammation with superficial, irregular erosions. Brain and its membranes hyperæmic; blood thick, like tar. *Viertaljsch pract. Keilkunde.*

ON A PECULIAR DISTURBANCE OF SIGHT IN PARALYTIC PATIENTS.—*Dr. C. Furstner* describes a peculiar disturbance of sight in paralytic patients, mostly unilateral, sometimes appearing with an apoplectic fit, which is in some cases remitting. There are no ophthalmoscopic changes, no disturbance in the power of papillary reaction nor any anatomical changes in the opticus. It is most probably caused by a morbid state of a more central apparatus, perhaps of the cortical parts. Clinically it appears similiar to what Goltz called in his experiments on dogs "Seelen blindheit" (psychical blindness). In two cases the second and third cerebellar convolution was affected, in one case unilateral on the side opposite to that of the visual disturbance. In other cases no change was observed in the posterior lobes. *Zeitschr. f. pract. Med.* 40. 1877.

ECZEMA MARGINATUM.—*Hebra* gives a case of eczema marginatum, which showed exquisitely on some affected parts of the skin the development of vesicles, filled at first with clear lymph, and after a while with a yellow fluid. The disease arose from the application of poultices to the skin, which macerated it and thus the fungi, present in the linen, emigrated into the epidermis. The fungi do not differ in their individualities, but only morphologically. Thus it happens, that from an eczema marginatum a herpes tonsurans may arise, and from that a favus. His treatment consists in rubbing into the affected parts Unguentum Wilkinsonii (flores Sulfur, Olei fagi aa 180.0, Sapon. virid., Axung. porc. 360.0, Cretæ 120.0) and leaving it there for six days. If necessary the treatment must be repeated. *W. M. Wchschrft* 17, 1877.

FARADISATION CURES A CASE OF HYDROPHOBIA, BY MENESSON.—A veterinary surgeon, although he had excoriations on his fingers, made a post mortem on a dog, who perished from hydrophobia, and examined particularly the mouth. The saliva infected him and three month's afterwards lyssa set in. In spite of chloroform inhalations and the use of other narcotics the convulsions increased in intensity. Menesson then put one pole of an induction current on the neck, the other on the sole of the foot, and as long as the current traversed the body, the convulsions ceased, so the patient could drink and speak, but they returned immediately as soon as the current was broken, on account of the pain which it caused. Thus two days passed under amelioration and aggravation according as the current was on or off. Its beneficial effect was so clear, that further trials are recommended, especially as faradisation does not interfere with medicinal treatment.—*Gaz. Med. de Paris*, 1877. p. 554.

PETROMYZON FLUVIATILIS.—G. Markonet prepares from this fish, which is caught in large quantities in the waters of the Caspian sea, an oil, which is richer in Iodine than Cod-liver oil. Clarified it looks like Olive-oil, is more thinly-fluid, is of a more agreeable taste and is more easily digested than Oleum Jecoris. Its cheapness is one of its recommendations. *St. Petersburg, M. Z.* 13, 1877.

Pædonosology.

THOMAS NICHOL, M. D., L. L. B., B. C. L. MONTREAL, CANADA, EDITOR.

PNEUMONIA COMPLICATED WITH ABSCESS IN THE GROIN.

On February 3, 1877, I was called to see W. S. a little boy æt 3, who was suffering from double pneumonia. It was a severe case, but yielded readily to *Aconite* 3. in repeated doses. On February 15th it was observed that the cellular tissue of the left foot was somewhat swollen, but as the child had been confined to bed for a considerable time, little notice was taken of the circumstance. In twenty-four hours the swelling increased greatly and invaded the entire limb to the abdomen, and the swelling was hot, red and painful with much throbbing. Bell. 4. was now given with considerable effect, but still the inflammation of the cellular tissue continued till the limb, with the adjacent portions of the abdomen and hips, was swollen to an enormous size. Finally, matter pointed in the region of the groin, but as the matter was very widely diffused, I never could make up my mind to open the abscess, though I twice had the bistoury in my hand to do it. On March 25th. I was sent for in great haste and I found that the great mass of pus contained in the widely diffused abscess *was passing by the bowels*. I gave *Sil.* 30th in alternation with *Sil.* 12th both in solution. Within the next twelve hours the child passed six or seven stools, wholly composed of pure pus and after each stool there was a notable diminution of the size of the abscess. Next morning a normal stool was passed, slightly streaked with pus, and the abscess was now greatly diminished in size. Continued the *Silicia* of the two potencies. By next day the cellulitis had invaded the adjacent parts, pushing up the abdomen far above the umbilicus and extending over the entire hip. Often it looked as if matter would form again, but the steady and persistent use of *Silicia* prevented it. The limb was small, thin and weak, and, on pushing it upwards even gently, severe pain was produced in the hip joint. Emaciation was extreme, and it looked as if the child would die of sheer exhaustion, but it finally rallied, though it was unable to walk till the end of July when it was found that the limb was shortened about three quarters of an inch. *Silicia* of the above mentioned potencies was used throughout.

T. N.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

TINNITUS AURIUM.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.*

This technical phrase designates ringing or other abnormal *noises in the ears* of every variety and grade.

It has engaged the attention of all writers on the ear, and some recent monographs are of value. Amongst these I may mention Dr. L. Turnbull, of Philadelphia, and I would acknowledge my indebtedness to him and others.

Tinnitus aurium may be a symptom of nervous trouble ; is a usual concomitant of incipient syncope ; but is a more prominent trait of diseases of the middle ear. The actual variety of sounds heard is very great, from a gentle hissing, to the sound of thunder, or a chorus of birds. The sounds thus heard are apt to be compared by patients with those commonly noticed in their daily avocations, but this is not certain.

Yet exuded masses in the middle ear may of course tend to adjust themselves to habitual vibrations accounting for the fact.

In not a few instances great distress results ; and very commonly some deafness exists, together with more or less of catarrhal conditions.

Suicidal thoughts are not very rare ; but on the other hand the sensation may be found even pleasurable or entertaining ; and actual suicide is *not* common.

Insanity, according to the superintendents of the various asylums in the vicinity of Philadelphia, New York and in Europe is not identified in any way with this affection directly.

Hallucinations may coexist in the same patient with, and be aggravated by tinnitus, but the relief of this does not usually remove the insane delusions.

Hysterical and other nervous disorders are liable to some forms of tinnitus ; and the action of drugs, especially *Quinia* in this respect is well known.

*(Presented to the semi-annual meeting of the State Homœopathic Medical Society of Michigan, May 1877.)

Dr. Hammond made some experiments, a few years since, which go to show that Quinia has the power to develop congestion of the vessel traversing the membrana tympani—probably by its action on the vaso-motor nerves, (displayed elsewhere also.) Constitutional vices, especially *syphilis*, may find local expression in tinnitus aurium; some local lesion, internal or external, existing as its proximate cause.

Peculiar idiosyncrasies, or auditory anomalies, although not strictly of the nature of tinnitus, having been observed may be here mentioned.

Thus two brothers, named Nussbaumer, the younger of whom is the scientific reporter of the observation, note visible colors, in conjunction with the several sounds of the musical scale.

This connection of the optic and auditory centres is peculiar indeed.

Anæmia is another constitutional cause of tinnitus observed temporarily in cases of fainting, also; and is analogous doubtless with the stethoscopic sounds heard in the same malady in the vessels of the neck, and due to hygroscopic blood.

Besides the various constitutional or general causes of tinnitus, there are some, and by far the most numerous, which are strictly local, or even mechanical. Not all of these are accessible, but many are so, and under homœopathic medication all should be more or less benefited; whilst surgical measures are useful in many, and all-sufficient in some: some however have been found incorrigible.

Persistent cases have been subjected to post-mortem examination; and the vessels of the labyrinth or of the brain, or both, have been found in various degrees of injection, extravasation, etc.

Meniere's disease attended by vertigo, etc., is of this nature; probably—extra-labyrinthine tension being regarded as its principal cause; comparable with that of glaucoma, in the eyeball.

Connected with undue pressure of the stapes on the "oval window" by spasm, cicatricial contraction, etc; labyrinthine pressure resulting.

Rheumatic influences may of course promote such a condition; acting as in the production of torticollis, etc., etc.

It is important to remember that the muscle which may be thus affected is the tensor tympani; that it merges, in the pharynx, in the tensor palati (insomuch that Meyer asserts that the two constitute a

single digastric muscle). Thus we have not only mucous, but also *muscular* affections of throat and ear identified in a common pathology! Tenotomy of this muscle has been performed with effect.

Catarrhal affections, lastly, but above all, are well known to be principal factors in this affection, as in so many ear diseases. The obstinacy of tinnitus is also largely coincident with deficient hygienic care directed against this element.

A résumé of the causes and conditions which produce tinnitus may now be succinctly stated, nearly in the order of their frequency.

1. Constitutional—or predisposing.
2. Pharmacodynamic—(Drug-effects).
3. Local—(a) External.
 (b) Tympanic.
 (c) Mastoid.
 (d) Eustachian, or Tubal.
 (e) Pharyngeal.
 (f) Vascular.
 (g) Labyrinthine.
 (h) Cerebral.

The first two may be passed at present, but the ordinary or principal forms enlarged upon, viz: *Local*. The EXTERNAL relate to the meatus and external surface of the membrana tympani.

The speculum and mirror are here required.

First.—Excess and pressure of cerumen is a cause not difficult to recognize and relieve, when simple; but the middle ear is often diseased, also in cases of accumulated ear-wax.

Second.—Hairs reaching across the meatus, may act as an Æolian harp; or even a single hair may *touch* the membrana tympani, and cause tinnitus. (Remove by scissors, etc).

Third.—A particle of dry secretion, as pus, may do the same.

Fourth.—A fungus, or mould—the *Aspergillus*, may collect in the meatus and upon the membrane even to the extent of forming a cast thereof, of a whitish yellow hue; sometimes causing also, inflammation and otorrhœa. It is to be suspected if the patient has bathed in sea-water—has a full feeling, and itching, and sometimes a dull pain. The microscope should always be applied to the aural secretions in

any doubtful case. Antiseptics such as *dilute alcohol*, are the local remedies.

Tympanic.—The tympanic causes of tinnitus are mostly catarrhal, or inflammatory; affecting the membranes, outer and inner, the mucous lining of the cavity, and of the eustachian tube and mastoid cells, and the associated fibrous tissue; bones—muscles, etc. Exudations, exerting pressure on the membrana tympani from within; mucous, lymph, purulent, or hemorrhagic; or causing pressure or vibration in some way, on the labyrinthine vessels or fluid, and affecting the membranes of the two windows, the oval and the round may cause it. The stapes ankylosed with the other ossicula, or with the oval window may be the cause.

Also, retraction of the membrana tympani by adhesion acting on the ossicula, is concerned in many cases. Muscular spasm, also, causing pressure on the oval window, at the upper and internal portion of the cavity. These parts are of the first importance in tinnitus—and hence, the operation of cutting the tendon of the tensor tympani, (as it goes outward and backward from its eustachian origin, to be inserted, near the membrana tympani, into the handle of the hammer,) may be indicated when its traction presses the stapes unduly into the oval window.

It has, indeed, given relief in such cases.

But in homœopathy the similar remedy should preclude this necessity, except in permanent muscular shortening, at most.

The immediate effect of this operation illustrates the pathology of deafness, as due to inefficiency of the muscle, in cases where the difficulty relates to the hearing of *words*. Its performance by Dr. Turnbull was *temporarily* followed in one case, by that condition.

Intra-labyrinthine tension, comparable with intra-ocular tension in glaucoma, may, like it, be idiopathic, also, in the worst cases.

The mastoid cells, the round window, and hence the cochlea; also the posterior or short process of the incus, are closely associated and may be considered together.

Mastoid—It is a conclusion of my own from experience, as well as from the tympanic anatomy that the *mastoid cells* are almost as often the site of pathological change in aural complaints as is the

eustachian tube, yet this form is even more easily misunderstood. That these mucous cavities are really prominent factors of aural symptoms follows of course.

For instance, compare the symptom of *Capsicum*, in ear-ache—"tenderness and swelling of the mastoid process;" (shockingly mis-called the "petrous bone;") and in *Calc.*, "tearing" in the same region; with the other symptoms of Otitis media.

Now the location of the round window at the bottom of the cavity, being directly in the course of the secretions from the mastoid cells, which lie above and behind them, exposes the membrane which closes this window to pressure by any accumulation; as of inspissated mucus. In like manner, the relation of the same to the incus is another means of affecting the labyrinth by way of the oval window. The therapeutic indication is, then, to obviate mastoid catarrh.

The round window communicates with the cochlea as the oval one does with the vestibule. Now the cochlea is believed to be concerned in *judging* the pitch of sounds, and other musical characteristics.

Hence it is fair to believe it concerned, if this judgment of musical sounds be difficult.

And in the same case the mastoid cells in particular, deserve investigation and perhaps treatment. The application of a blister to the left mastoid process by an old school physician, was observed by me to be speedily followed by cure of a most obstinate and distressing case of tinnitus.

Besides the effect on the round and oval windows, I feel sure that catarrhal exudation and consolidation have, as to tinnitus quite another, and I think as important effect, viz: the intensified conduction of the sounds of the adjacent blood-vessels; notably, of the lateral sinus which overlies the mastoid, and of the internal carotid artery, in front of the tympanic cavity.

A case in point is known to me. A physician became the subject of tinnitus and hardness of hearing in the left ear, with dull mastoid pains, and occasional sticking; worse in cold air. But whilst the hearing distance (of his watch,) is only $\frac{1}{36}$, the acuteness of that ear in the practice of auscultation is decidedly augmented apparently by increased mastoid conductions. Comparative dullness

on percussion, I also find on that side. Inflation by Politzer's bag increases the obstruction. It is believed by all aurists that tinnitus is largely dependent on the conditions of blood circulation. Even the diploe of the temporal bone itself, and the location of the internal carotid artery at the anterior wall of the tympanic cavity; and that of the lateral sinus above, behind, and inside, continued as the internal jugular vein in its fossa below the cavity, together with aggravations and ameliorations coinciding with every increase and diminution of the flow of blood, corroborate this belief.

But authorities now seem disposed to connect it directly with the circulation through the labyrinthine vessels; and just here difference of opinion is admissible. It is somewhat remarkable indeed that *increased conduction of perfectly normal vascular sounds*, through tympanic tissues consolidated by inflammatory formations, catarrhal or otherwise, the mastoid particularly, is not more insisted on, in explanation; the more, as tinnitus is made worse by causes aggravating catarrh; and the location of the short process of the incus at the mastoid cells brings the ossicula and labyrinth en rapport with them.

The same stethoscopic relation of the processus gracilis of the hammer connects it with the anterior region of the tympanic cavity.

And the region of the membrana tympani, and the windows directly concerns the chain of ossicula as such. All catarrhal, inflammatory, hemorrhagic, varicose, cicatricial or other changes, which can affect the membrana tympani, the membranes of the "windows," the vessels, lining membranes, ossicular joints, muscles, secretions, etc., of the middle ear, mastoid cells or eustachian tube, all should be had in view in every case where the middle ear may be in fault and the therapeutic hints thus afforded made the most of. I therefore urge as essential in aural diagnosis, in some cases at least, percussing of the mastoid.

Eustachian.—The affections of the eustachian tube have much to do with intra-tympanic affections, catarrhal and other. They are so well treated of however by others that I will only allude to them to refer the reader to the pamphlet of Dr. C. H. Vilas, of Chicago, and the works of other well known writers.

Pharyngeal.—Its pharyngeal opening however, deserves special

note. This is readily examined by the mirror, and should always be interrogated, by this means, even when the tube is pervious, as shown by inflation.

Two cases are recorded, where a barley beard became fixed in this situation, causing tinnitus (by spasm of tensor tympani?) One case was terminated by tympanic abscess and discharge by external meatus; the other was only made out after death.

A bullet lodged in this position has had a like effect. Even particles of mucus in or near the mouth of the tube have caused this symptom. The mechanical and medicinal indications are plain.

Vascular.—*Vascular derangements* may easily cause tinnitus, so-called. These may be aneurismal, and also, probably varicose—the treatment varying accordingly. In one case I have found aneurism of the left occipital artery. *Veratrum viride*, $\frac{1}{10}$ greatly moderated it—and pressure with adhesive plaster has satisfied the patient since—the aneurism being lessened in dimensions, he refuses any operation.

Anæmic vascular sounds have already been alluded to. The possibility of varix in patients of hemorrhoidal constitution, is, I think worthy of consideration; and the corresponding remedies may do good. Simple vascular congestions, too, ought not to be forgotten.

Labyrinthine.—Labyrinthine lesions are apt to be associated with cerebral, and are due to like causes. They are of course, perilous in proportion to the cerebral involvement; and their diagnosis will necessarily be more or less on the same lines. Yet without much cerebral lesion, it may happen, rarely, that vascular and structural disorders occur in the labyrinth; as by extension from the tympanum, etc., etc. The history of such a case, the presence of vertigo, loss of equilibrium, etc., will go far to decide; and constitutional syphilis is never to be lost sight of. Ménière's Disease has already been named in this rôle. Salicylate of Soda is homœopathic to it as observed by Professor McClatchey.

The diagnosis of Tinnitus aurium will turn on the location of the *lesion* by these symptoms and by the tuning-fork, etc. The treatment of course, will vary, not only with these various indications but also with the more purely subjective symptoms. Such "pathological individualization" however may justly form a basis for scientific "therapeutical individualization."

Mechanical procedures are also thus seen to be sometimes of paramount importance. Again, constitutional medication, and again, symptomatic—and yet again, tissue-remedy treatment is to be preferred in others. Surgically, success has also been obtained by puncturing the drum-head and syringing the cavity with suitable fluids, adapted to the pathological state; especially, *Kali carb*, gr. j ad j $\bar{3}$ j. Constitutionally, all the drugs given us by Hahnemann, by Grauvogl, etc., and even the so-called “alteratives,” of the old school—may be considered. As tissue—and symptomatic remedies, Hering, Lippe, Schussler and others, have furnished us with *Ferrum phos*, *Calcareo phos*, *Calc. sulph*, *Kali m.*, *Kali hyd*, *Elaps*; *Graph*, *Rhus*, *Sulph*, *Chininum sulph*, *Arg. nit*, *Kal bich*, etc., etc. Fothergill’s Hydrobromic acid is a rising remedy among old-school specialists. Dr. H. N. Guernsey favors Nitric acid, and Father Hering informs me that in his experience *Sulphur* has proved itself the principal curative; and next to this, *Graphites*.

The large experience of Professor Henry C. Houghton, of New York, is summarized in the following reply, kindly sent in response to a letter of inquiry.

JANUARY 9, 1878.

J. C. Morgan, M. D.

DEAR DOCTOR.—I am sorry to say that tinnitus aurium depending on lesions of the middle ear, as well as that which is centric, involving the cochlea more or less completely, is the opprobrium the “bete noir” as Professor Roosa says: I am using with great gratification the continuous current, and with other remedies gain good results, Amyl Nit. $\frac{1}{10}$, Quin. Sulph. $\frac{1}{100}$, and Merc. dulc. 1 to 200 are the most marked in their effects; the first where the subjective sounds depend on lack of power in ganglionic supply to the carotid artery and connections. The second I believe acts directly on the nerve of special sense as well as on the mucous membrane of the tympanum. The last acts on the tympanum and eustachian tube.

Still when one has said all this it must be admitted that some of the most brilliant results come from the administration of remedies found by a careful study of the entire symptoms of the patient from head to foot, regardless of the physiology of the ear alone. Of these

Phos, Graphites, Nit. ac., Caust, Iodine, Bar. mur., Mag. c, Ars., Silicea and Glonoine may be mentioned. I can recall cases in which each of these was efficient.

I am, Yours fraternally,

HENRY C. HOUGHTON.

SYMPTOMATIC INDICATIONS.

Remedies which may be indicated in Tinnitus are principally as follows : For constitutional vices, the well-known remedies. For thickening and induration of tissues—Con., Guaiac, Ars, Merc., Iodine, Sulphur, etc.

For sounds resembling :

Fluttering.—Aur. Bell., Calc., Caus., Graph., Petrol., Puls., Sil., Spig, Sulph.

Hissing.—Graph, Kreos, Mur. ac, Nux. v, Sil. Teucr.

Humming.—Amm, Bell, Caust, Con, Graph, Hyos, Iod, Natr. m, Puls. Sulph.

*Ring*ing, 1.—Ambr, Calc, Con, Led, Natr. m, Sil.

2, Alum, Arg. n, Ars, Clem, Hyos, Kal, Lyc, Magn : c, Mang, Men, Phos, Rhod, Sarsap, Sulph, Sulph. ac, Valer, Zinc.

Roaring, buzzing, 1.—Acon. Alum, Ambr, Amm. M, Anac, Ant, Ars, Aur, Baryt, Bell, Bor, Bry, Carb. A, Carb. v, Caust, Cham, Chin, Coff. Con, Croc, Graph, Hep, Lyc, Merc, Natr. m, Nitri. ac, Nux v, Op, Petrol, Phos, Puls, Sep, Sulph, Therid.

2. Arg : nit, Bous, Calc, Caps, Chelid, Coccul, Con, Dros, Dulc, Hyos, Ign, Kali, Lach, Lauroc, Magn. c, Plat, Rhod, Sabad, Sang, Sil, Spig, Mgt : arc.

Thundering ; rolling.—Calc, Graph, Plat. (2.) Amm : m, Caust, Chelid.

CONCOMITANT SYMPTOMS.

Morbid Cerumen.—Calc, Carb. v, Caust, Con. Graph, Kal. Lach, Lyc, Merc, Nat. m, Nit. ac, Petrol, Phos, Sul.

2. Agar, Amm : m, Anac, Aur, Bov, Hepar, Mosch, Selen, Sep, Sil, Thuj, Zinc.

Otorrhœa.—Assaf, Aur, Bell, Bov, Bor, Calc, Carb. v, Caust, Graph, Hepar, Lach, Merc, Natr. m, Nit. ac, Phos, Puls, Rhus, Sil, Sulph. (2). Carb. a, Cham, Chin, Cic, Colch, Con, Kal, Lyc, Petrol, Sep, Therid.

Hard Hearing. (1) Acon, Ambr, Amm, Amm. m, Anac, Ars, Assaf, Aur, Bell, Calc, Con, Croc, Graph, Hep, Hyos, Iod, Kal, Lach, Led, Lyc, Merc. Mur. ac, Natr, Natr. m, Nitr : ac, Petrol, Phos, Puls, Sep, Sil, Staph, Sulph, Sulph. ac, Verat.

(2.) Ant, Arg. n, Arn, Asar, Baryt, Bor, Bry, Caps, Chelid, CHIN, Cocc, Dulc, Dros, Ign, Magn. c, Nux. v, Op, Phos : ac, Rhus, Sec, Spig.

Sensitive Hearing.—Acon, Arn, Aur, Bell, Bry, Calc, Cham, Coff, Igna, Lyc, Natr, Nux. v, Phos. ac, Plat, Sep, Spig.

Itching.—Amm, Anac, Puls, Rhus, Sulph.

(2.) Agar, Alum, Arg, Baryt, Lyc, Nux. v, Phos, Sarsap, Sep, Sil, Spig, Mag : arc.

Boring Pain.—Amm, Aur, Baryt, Bell, Euphr, Helleb, Magn. m, Lact, Plumb, Ran. sc, Rhod, Sil, Spig, Zinc.

Dragging Pain, 1.—Ambr, Arn, Bell, Cham, Dros, Dulc, Nux v, Puls, Rhod, Spig, Sulph. 2. Arg : nit, Clem, Colch, Guaiac, Mur. ac, Nux Mosch, Phos, Plat, Ran : sc, Sabad, Spong, Stann, Thuj, Verb.

Jerking Pain.—Amm. m, Ang, Cina, Petrol, Puls, Rhod, Spig, Valer.

Pressing-out Pain.—Bell, Con, Kal, Merc, Puls, Sil.

Stitching Pain.—Bell, Calc, Cham, Con, Dros, Kal, Merc, Natr. m, Nitri. ac, Nux. v, Puls, Ran, Sil, Spig, Spong, Staph, Sulph, Zinc. (2.) Alum, Amm, Ant, Baryt, Bov, Canth, Caust, Colch, Dulc, Graph, Hell, Hep, Ign, Kal : bi, Magn : m, Men, Natr, Nitr, Phos. ac, Plat, Plumb, Ran. sc, Samb, Sarsap, Stront, Tarax, Verb.

Tearing Pain, (1.)—Acon, Arn, Bell, Cham, Chin, Colch, Con, Merc, Nux. v, Plat, Puls, Sulph, Zinc. (2.) Agar, Alum, Ambr, Ant, Bor, Bry, Calc, Caps, Carb. v, Chelid, Cuprum, Dulc, Graph, Guaiac, Hep, Kal, Lyc, Magn : c, Mez, Par, Phos : ac, Plumb, Sarsap, Stram, Sulph : ac, Verb.

Throbbing Pain.—Acon, Alum, Amm : m, Baryt, Bell, Calc, Chin, Dig, Graph, Kal, Magn : m, Mur : ac, Natr, Nitr : ac, Phos, Rhod, Rhus, Sep, Sil, Spig, Spong, Sulph, Ver.

Otitis Media.—See the various special symptoms.

Sequela of Exanthemata.—Bell, Carb. v, Men, Merc, Phos, Puls, Sulph.

Of Suppressed Eruptions.—Ant, Caus, Graph, Lach, Sulph.

Of Fevers.—Arn, Phos, Phos. ac, Verat.

Of Cinchonism.—Arn, Bell, Calc, Carb. v, Hep, Natr. m, Nux. v, Puls, Sulph.

Of Mercurialism.—Assaf, Aur, Carb. v, Chin, Hep, Nitr. ac, Petrol, Staph, Sulph.

Of Tonsillitis.—Aur, Merc, Nitr. ac, Staph.

Of Rheumatism.—Calc, Ferr, Guaiac, Merc, Rhod, Rhus.

Of Syphilis.—Ars, Aurum, Guaiac, Kal. jod, Merc, Nitr. ac, Rhus.

With the “Encyclopædia” and “Index” at hand, the Hahne-mannian method of selection is best; the final resource, indeed, of our school.

Having found the “Salient Symptoms” of the case the corresponding remedies are to be found in the *Materia Medica*—and first under the rubric “Ears” the parallelism of these with the symptoms of the provings traced. Of these take the most similar for further study. Compare now, *in like manner*, the second-rate or concomitant symptoms of case, and drugs. Psychological Symptoms, if pronounced, should be given the highest rank, and, therefore, have *precedence*, in comparison.

General and Constitutional symptoms of all kinds, sides of the body, aggravations, ameliorations, &c., often decide between remedies, locally equal, or even lead the way to them, a *priori*.

The hygienic aspect of treatment in Tinnitus is a difficult one; for the reason that few persons are willing to expose themselves to the meddling criticisms sure to be leveled at one who “muffles up,” in any but the severest weather.

But to cure an aural catarrh, or any other, protective measures are essential.

Cotton or blanket wool in the meatus, ear-laps of fur, or ear-muffs of velvet, scarfs of wool, &c., even a piece of wool-fleece, of suitable color, (or other non-conducting material,) secured by plaster on its inner surface, or otherwise, upon the exposed skin above, behind and about the auricle and protecting the whole region. may prove valuable, even indispensable adjuncts. The hat should also be of a

kind, and be so worn, as to give efficient protection in this region. All exposures of these parts to atmospheric vicissitudes are by all means to be carefully avoided.

The hands and feet also are to be kept warm, aggravation easily ensues upon neglect of this.

In all other particulars, hygienic rules should be adopted of course; and the constitutional or general status built up if at fault.

Hyper-sensibility of the nervous system generally, a catarrho-rheumatic diathesis, specific constitutional taints, hereditary tendencies, and faulty habits of life of all kinds must here, as elsewhere, be duly weighed.

It should also be a matter of inquiry, in inveterate cases, whether, (as in retinitis albuminurica) local chronic disease of the viscera be not signified.

In a subject of progressive tinnitus recently seen, there was also progressive anæmia. All the disorders tending thereto, should be considered in such patients.

This patient, an Irish woman of forty years, a woman of family, rather small, and a brunette, could hear a large tuning-fork held upon the teeth, but slightly on the right side, and not at all on the left, where the tinnitus was worst. Catarrh of the middle ear, occurring eighteen months previously, was given as its origin; but this experiment showed that the lesion was deeper.

Since the above was written, moreover, I have taken pains to trace the history of the malady and find that it is really of three years standing, and the sequel of an attack of thoracic inflammation, complicated by quininism, the drug having been persistently given during about six weeks, in the usual doses. She is under the care of a physician of the old school, of some experience in Otology.

Hydrobromic acid did no good, and cerebral symptoms had displayed themselves with hallucinations as of railway cars, rumbling and jerking.

The question of inter-tympanic pressure from confined exudation, of course presents itself in every such case; with that other question of puncture of the Membrana tympani, if the eustachian tube be closed.

Ophthalmology and Otology.

HENRY S. HOUGHTON, M. D., AND GEO. S. NORTON, M. D., N. Y. CITY, EDITORS.

ON THE ACTION OF ESERIN ON THE NORMAL EYE.

FROM DR. A. von REUSS, UNIVERSITY OF VIENNA.

From the German, by D. J. McGuire, M. D., Detroit.

Apropos to the journal discussion on *Calabar* and its action in spasmodic conditions of ciliary muscle, also as defining more accurately its sphere in this field of special therapeutics, we find this set of very careful experiments appearing in the third number of *Graeffe's Archive* for 1877. Thinking it probable that they may be of interest to some who may not have seen the original, is my apology for attempting to reproduce a part of that article, embracing in all, as it does, some thirteen experiments. The following will show what must have been the objects of the experimenter in undertaking this work :

“As is known, Helmholtz in his great work on the Accommodation of the Eye, showed that the increase of intraocular tension produced a change in the curvature of cornea, and that it was to be expected that the ophthalmometer would indicate slight changes in the pressure, even before they could be detected by the finger.

Schelske, following in the way opened up by Helmholtz, arrived at the conclusion that at least up to a certain degree of increase the cornea grew flatter.

Still earlier *Donders* had made observations on glaucomatous eyes in individuals in whom but one eye was affected, comparing diseased with sound organs. Also in the operated cases, making observations before and after the operations, and could, by the increase of curvature, detect the changes in tension.

Coccius followed him with observations made by comparing unsound with sound eye of same individual, but with negative results

* Measurements are given in Millimeters.

However, as opposed to these, he made measurements on one case of disscission in which as a result of the operation an increase of pressure took place with an increase of corneal radius from 7.75 Mm to 8.20 Mm.* He also observed that in a large majority of the cases of decided increase of tension there was an increase of radius of affected eye.

Mauthner gives as the result of measurement in one case of glaucomatous (not hypermetropic) eye, that he found no increase of corneal curvature, but opposes this by a case of traumatic cataract, with a radius of 8.5 Mm. before removal of lense, and which was reduced to 7.73 Mm. after operation.

After reciting other observations with results similar to above, says it was after the tonometric experiments of A. Weber on the action of *Atropin* and *Calabar* were published, that he (Reuss) decided to ascertain whether the ophthalmometer could be used to measure the degree of tension here.

I at first began my experiments with persons whose corneas had previously been measured, by dropping in a 1 per cent. solution of Eserin, and as soon as the maximum contraction of the pupil was acquired, or the spasm of the accommodation appeared to have reached its highest degree, re-took the measurement. But now occurred to me the fact that this result was not evidence enough, for as the rapid course of the spasm became evident, I saw clearly that the entire course of the changes must be followed, and further that to note the small degrees of changes that we had to expect, the greatest accuracy and most careful rules for measurement would be required, which I at first did not believe to be so necessary. So later I proceeded in this wise. After ascertaining accurately the normal radius, I applied solution and retook the measurements from 5 to 5 or 10 to 10 minutes without permitting patient to leave his place, or the least change in apparatus to be made.

The head was thoroughly fixed by means of sealing wax, and vision fixed on a white spot made on zero of a Woinow's apparatus, whereby really the corneal measurements were made a little below the line of vision, which, however, for our purpose is quite immaterial.

On the opposite wall from patient, and 15 feet distant, I had placed one of Snellen's cards of test-types, illuminated by a gas-flame.

With these arrangements it was possible for me to test the vision for distance without loss of time or that patient should change his place. So that while noting the changes in cornea I could observe the different steps in the spasm of the accommodation."

We will now introduce a few of the experiments as they are recorded.

FIRST EXPERIMENT,

Leopold Grossegger aet. 16 years. In left eye is a traumatic cataract. With right eye reads No. 40 Sn. at 15 feet, with convex 16 the same, with concave cyl. axis vert., reads No. 30, the measurement before application of drug gave, $r=7.5150$.

Three drops from a 1 per cent sol. were applied and the following results obtained :

After 5 minutes	Hm.	$\frac{1}{24}$	S	$\frac{15}{40}$.
" 10 "	m.	$\frac{1}{60}$	S	$\frac{15}{40}$.
	r	$= 7.5205$.		
" 15 "	m	$\frac{1}{20}$.		
" 20 "	r	$= 7.4435$.		
" 25 "	m	$\frac{1}{16}$.		
" 30 "	r	$= 5.44625$.		
" 35 "	m	$\frac{1}{10}$.		
" 40 "	r	$= 7.4270$.		
" 45 "	m	$\frac{1}{8}$.		
" 50 "	r	$= 7.4265$.		
" 55 "	m	$\frac{1}{12}$	immediately thereafter m $\frac{1}{14}$.	
" 60 "	r	$= 7.4435$.		
" 65 "	m	$\frac{1}{20}$	S $\frac{15}{30}$ directly afterwards, m $\frac{1}{60}$ S $\frac{15}{30}$.	
" 70 "	r	$= 7.4105$.		
" 75 "	Emmetropia.			
" 80 "	r	$= 7.42425$.		
" 85 "	Hm	$\frac{1}{30}$.		
" 90 "	r	$= 7.47375$.		
" 95 "	Hm	$\frac{1}{30}$	S $\frac{15}{40}$, same with + 18 cyl. axis vert.	
" 100 "	r	$= 7.515$.		
" 105 "	Hm	$\frac{1}{24}$	S $\frac{15}{40}$, also with + 18 c. ax. vert.	
" 110 "	r	$= 7.5277$.		
" 115 "	Hm	$\frac{1}{24}$	S $\frac{15}{40}$, also with + 18 c. ax. vert.	
" 120 "	r	$= 7.5205$.		

Pupil at close of measurement still very small. Extreme tension in bulb, and for sometime sensations of pain. No headache. The increase of radius during first five minutes is due to a failure in measurement. From this point it diminished rapidly and reached its maximum

in 70 minutes. Entire difference 0.1 Mm. The increase was slower than decrease; and required 110 min. to return to the normal.

The greatest increase of the refraction up to $M \frac{1}{9}$ amounts to $\frac{1}{5.6}$ refracting value, and occurred at the 40 minute. At close of experiment, after 2 hours, the refraction was still not normal.

SECOND EXPERIMENT.

Joseph Stichanel aet. 40 years. Left eye. Emmetropic S $\frac{20}{20}$. Two measurements before use of sol. gave $r = 7.625$.

When one application of a 1 per cent. sol. was made and measurements taken, at first every five minutes, later every ten, in intervals vision tests were applied. After first five minutes the pupil was already smaller, and after twenty was very small.

After 5 minutes	$r = 7.61675$	m $\frac{1}{20}$.
" 10 "	$r = 7.61675$	m $\frac{1}{14}$.
" 15 "	$r = 7.62675$	m $\frac{1}{10}$.
" 20 "	$r = 7.62500$	m $\frac{1}{9}$.
" 25 "	$r = 7.61675$	m $\frac{1}{12}$.
" 30 "	$r = 7.62675$	m $\frac{1}{14}$.
" 35 "	$r = 7.60575$	m $\frac{1}{14}$.
" 40 "	$r = 7.62675$	m $\frac{1}{14}$.
" 45 "	$r = 7.53425$	m $\frac{1}{14}$.
" 55 "	$r = 7.57825$	m $\frac{1}{16}$.
" 65 "	$r = 7.60025$	m $\frac{1}{20}$.
" 75 "	$r = 7.62675$	m $\frac{1}{20}$.
" 85 "	$r = 7.62500$	m $\frac{1}{40}$.
" 90 "		m $\frac{1}{60}$.

The action here is not so satisfactory as in the previous case, a marked sinking of radius being first noticed after the 40 minute, but suddenly. Up to this time the changes are minimum. The maximum of diminution is 0.09 Mm., and remains at this only a few minutes. The increase took place more slowly, and after 75 minutes the primary value is again reached.

The increase of the refraction began immediately after the application, increased gradually until at the 20 minute the highest point was reached with $M \frac{1}{9}$ (Refracting power $\frac{1}{9}$) then declined very slowly, so that after 90 minutes there exists a Myopia of $\frac{1}{60}$.

Experiments three and four not being very satisfactory in results, I will not introduce them. Will, however, say that in number three the twitching, and pain of a tearing character were quite marked during early part of experiment.

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Address :

EDWIN ALBERT LODGE, DETROIT, MICHIGAN.

HOMŒOPATHIC MEDICAL SOCIETY OF COUNTY OF NEW YORK.

At a meeting of the Society held on the 8th of February, the following preambles and resolution, reported by Drs. Minor, Lilienthal, Dowling, McMurray and Burdick, were adopted:—

WHEREAS, There are some physicians who by injudicious action have bred dissension in our ranks, in which the utmost liberty of opinion and action should always prevail; and,

WHEREAS, We deprecate such action as neither conducive to professional harmony, nor tending to the advancement of medical science; therefore,

Resolved, That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*Similia Similibus Curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the invio-

lable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

ARTHUR T. HILLS, M.D. *Sec'y.*

Cui bono? may well be asked, and has been asked, are these resolutions, and thereby hangs a tale.

The office of health officer of the port of New York is vacant, and Gov. Robinson, after having the appointment of Dr. Flint, Jr., and a better one could not have been made, returned to him unconfirmed, proposed the names of several homœopathic physicians for that office. *The Hospital Gazette*, Feb. 1, 1878, page 71, raises now the usual bigoted cry and says: "If the Governor nominates for the office an unknown member of a school *founded upon an exclusive dogma*, he will just as certainly have the name of the candidate returned to him. To substantiate our statement, let him investigate the fate of the bills that have been presented to the Legislature by the homœopathic school. Almost all of them have been defeated by the members of the *scientific* school of medicine."

"Exclusive." This is the point commonly raised against our school and thus all progress is prohibited. This bugbear is held by our enemies against us, when in fact the establishment of a homœopathic school with its societies, journals and colleges, is a *prima facie* evidence against the so called regular school. They became exclusive by excluding every homœopath who had courage enough to declare his belief in the principle of S. S. C. On the other side we are denounced as deceivers, as sailing under false colors, homœopaths in name but using anything and everything, as it suits our convenience.

Whether true or not dissension has thus been bred in our ranks, and angry discussions are the consequence.

It has therefore been considered advisable at this critical moment, that we, as a school, are in duty bound, to make our standpoint clear to ourselves and to the outside world; hence these resolutions, which define our position as a progressive school; which any physician in good standing may join at any time. Thus, and thus only, the falsehood of "exclusiveness" could be exposed and the blame put on the

shoulders of the old brigade of a bigoted and domineering set of physicians, who falsely call themselves regulars. S. L.

Since receiving the above from Prof. Lilienthal the following protest comes to hand :

We, the undersigned, Homœopathic Physicians, and members of the New York County Homœopathic Medical Society, some having been unavoidably absent, do hereby enter our protest against the resolution adopted at the Special Meeting held Feb. 8th, 1878, the said resolution having been adopted with but one dissenting vote.

The Resolution* not being in accordance with the teachings of Hahnemann, cannot be accepted by Homœopaths, and as this resolution stands would do honor only to an Eclectic Society.

We have every reason to know that the law of cure as developed by Hahnemann is true, and we subscribe to all the principles of that law, and as consistent Homœopathists do protest against the resolution as passed at the aforesaid meeting of the New York County Homœopathic Medical Society of Feb. 8th, 1878.

Constantine Lippe, M.D., 50 W. 12th St.; Joseph Finch, M.D., 143 W. 44th St.; E. Carleton, Jr., M.D., 58 W. 9th St.; Saml. Swan, M.D., 13 W. 38th St.; Thos. Wildes, M.D., 35 W. 23d St.; Edward Bayard, 8 W. 40th St.; G. C. Brown, M.D., 28 E. 22d St.; Chas. E. Blumenthal, M.D., 54 W. 45th St.; H. I. Ostrom, M.D., 29 E. 32d St.; R. Heber Bedell, Madison Ave., & 175th St.; A. M. Piersons, 24 East 127th St.

THE TRUE POSITION.

Every observant practitioner, whether belonging to the homœopathic or allopathic school of medicine, must be fully cognizant of the signs of the times, as respects the growing tendency of the two schools to approximate each other in their modes of practice. Diametrically opposed as they are in *theory*, nothing is more certain than

*Printed in full above (p. 199.)

that they are fast approaching each other in *practice*. The advanced allopathist is frequently using, and advocating the use of *small doses* of the *single remedy*, and what is more, is gradually becoming acquainted with, and applying the *homœopathic principle* in the selection of the medicine; whilst on the other hand, the progressive homœopathist is seeking everywhere for new light by which to determine the selection of the remedy, eliminating errors by a more thorough knowledge of pathology and diagnosis, and giving "value and significance" to symptoms, by concentrating upon them such additional light as the "combined aid of optics, physics, and chemistry" are enabled to afford.

Some of our brethren appear to be alarmed at this state of things, fearing that homœopathy will be "absorbed," or swallowed up, by the old "carbuncled-eyed monster," allopathy; but we are troubled by no such fear. There will always remain a sufficient number of *old fogies* in both schools, who, deeming themselves the only *simon pures*, will fight valiantly for a mere name, the future "allopathician" out-bombarding Bombastes furioso, and the "*homœopathician*" out-Hahnemanning Hahnemann himself; while the *true physician*, by whatever name he may be called, or in whatever ranks he may train, will be recognized as such by the extent of his true medical and scientific attainments, and the corresponding success of his mission.

It by no means follows that we believe in, much less endorse, all those who are striving in every conceivable way to "break down the middle wall of partition" between us. Some of these, we fear, are ready to sacrifice principle to expediency; others are impracticables, and hope to obtain recognition without merit; but we do believe in the God-given right of every physician to assert his manhood by shaking off the trammels of worthless and effete dogmas, which only serve to hamper his progress, and in the privilege of exerting that degree of freedom of opinion and action that will enable him, under all circumstances, to do the best he can for his patient.

That these views fairly represent the opinions of a large portion of the profession, will appear from the following resolution, passed by the Homœopathic Medical Society of the State of New York, which convened at Albany on February 12 :

Resolved, That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that, although firmly believing the principle 'Similia similibus curantur' to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience; and we shall exercise and defend the inviolable right of every educated physician to make use of any established principle in medical science, or any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

Of similar tenor was the address of the President, Dr. Egbert Guernsey, of New York City, of which the following is a synopsis:

"The past year had been full of progress in every department of science, and the homœopathic branch of the profession had kept pace with the advancing spirit of the age. While no step had been taken backward, and there had been no occasion to give up any of the great principles peculiar to their belief, there was manifest a broader liberality and a better appreciation of their doctrines by the public. To-day nearly every essential principle, to maintain which and for self-protection they had banded themselves together, were administered and practiced with the most brilliant results by the school which called itself regular, but which had been their life-long opponent. The leading works of the regular school in therapeutics read almost as if their inspiration had been drawn from the volumes which had so long furnished the society with medical food. In other respects the homœopathic line of treatment had been adopted by the regulars. The principle of similars, once so fiercely ridiculed, was now admitted in fact but often clothed in new garments and called by another name. Homœopaths were not sectarian nor exclusive, and while they refused to give up one principle, for which they had contended with the earnestness of strong conviction, until they were shown its falsity, they should not be allowed to stand as a bar between homœopaths and their fellow-workers. The walls of partition were crumbling away, and the mind was reading more clearly. The profession must be progressive, for its field of investigation naturally included the basis of all science, the origin of life, hereditary transmission, and the highest form of theology. Referring to the responsibility resting upon the profession as guardians of the public health, as conservators of public morals and regenerators of society, the speaker described what was their work and how their mission could best be accomplished. * * The speaker at length argued that the signs of the times indicated that the time had come when honest, scientific, practical minds, breaking the fetters of creed, and refusing adherence to an exclusive dogma, should combine and select those principles which the experience and physiology of the present time had proved to be correct and most worthy of consideration. To look forward to a future when a broad-minded liberality shall prevail, the training of the young men, who at no distant day are to fill the places of present physicians and mould the character of the profession, must be well looked to and a close watch kept of our educational institutions."

With these facts before us, who shall say that the medical profession is not advancing?

C. P. H.

P S.—Since the above was written, we learn that the Homœopathic Medical Society of New York has reversed its late action, as embodied in the above resolution. This was to be expected, as it is no uncommon thing for societies, like individuals, to blow hot and cold in the same breath; but such action can no more hinder the wheels of progress when once they have been set in motion, than it can reverse the principles on which such action was based. *Experientia docet stultos.*

Dr. J. P. Dake presents similar views in his usual clear manner. He says:

With pleasure I will explain the nature and causes of the recent troubles in the New York Homœopathic Medical Society. In the first place, there has been a misunderstanding among the believers in the law *Similia similibus curantur*, some regarding it as the paramount law in therapeutics, governing the use of all remedial measures; while a large majority have considered it as belonging, rather, to a limited portion of the great field of therapeutics, and as governing the use of *its remedies* alone. The late move in the society referred to, was to define, by resolution or formal declaration, the views of the majority, so that their apparent principles might correspond with their daily practice.

The minority, or extremists interpreting the law so as to condemn their fellows in the use of palliatives and chemical and mechanical means, led the majority to adopt a resolution in February, asserting their right to practice under other principles in the great therapeutic field, outside of the homœopathic domain.

Now the resolution was no new departure—it was but a simple expression of what was believed and done by Hahemann himself, and by all of his followers, with few exceptions.

Hahemann never proposed to set broken bones nor to antidote chemical irritants under the law *similia*; but under the laws of mechanics and chemistry, modified by those of physiology.

I should remark, however, that the resolution adopted, was not clearly and happily worded, to carry out the purpose of its movers. It should have accurately defined the boundaries of the field, in which the homœopathic law is to be followed; with the assertion that, outside of that field, other principles and laws must govern.

At a subsequent meeting of the society a grand rally was made by those who claimed that the action of the February meeting, in the adoption of the resolution, was an abandonment of the homœopathic law, and exciting and even ridiculous speeches were made; (some of which have appeared in the newspapers) but without securing the repeal of the vexed resolution.

It seems, however, by a telegram recently published, that the society's action was reversed, at a yet later meeting. I confess I do not see how such reversal could be effected, knowing as I do that a large majority of the New York physicians are men of scholarly and liberal attainments, opposed to all bigotry and narrowness.

Permit me, in conclusion, to say that the principle stated in the phrase *similia similibus curantur*, is not a fancy, nor a "dogma," but a law of nature, deduced from facts in medical experience. Authors of ability, in

all schools, agree that medicines help to cure, not by any friendly power ; not by acting simply upon disease, but by virtue of a sick-making or pathogenetic power, and by impressions made upon the living tissues of the body.

No medicine is capable of curing, unless it is itself capable, in sufficient quantity, of inducing a condition of disorder or disease. The homœopathist simply says, "Under our law of nature, the remedy must be capable, in greater quantity, of inducing a *similar* affection in the healthy ;" while the allopathist says, "the remedy to be employed must be capable of inducing a *dissimilar* affection." Both expect nature to do the curing, provoked so to do by the medicine administered. The one exhibits small doses, and the other large ; the one derives his knowledge of what affections a medicine may induce from experiments upon the healthy organism, while the other seeks his, chiefly, from experiments upon the sick. Both resort to chemical, mechanical and hygienic means and measures, whenever needed, with equal consistency.

The following excellent resolutions were discussed with spirit and unanimously adopted at the regular monthly meeting of the Homœopathic Medical Society of Middle Tennessee, at Nashville, March 15, 1878.

In view of the evident misunderstanding of the true sphere and therapeutic requirements of the Homœopathic law, and the discords arising therefrom, notably in the societies of New York :

Resolved, 1. That we affirm and publish our full confidence in the law *Similia* as the paramount guide in Special Therapeutics, where pathogenetic means alone are to be employed.

2. That we also proclaim our reliance upon the laws of Chemistry, Mechanics and Hygiene, or Physiology, as guides in the use of means not pathogenetic, and in the adoption of measures to correct the excess or deficiency of things requisite in health, and to remove the known causes and products of disease.

3. That we deprecate all efforts, on the part of societies, to adopt creeds and platforms, limiting the freedom of educated medical men, believing as we do, that the responsibilities of the practitioner are essentially personal, and that the art of healing is yet imperfect and progressive.

REPLY TO SAMUEL SWAN, M.D.

BY S. P. BURDICK, M. D., OF NEW YORK.

In your September number appears an article from Dr. Samuel Swan, of New York, in reply to Prof. T. F. Allen, in which reference is made to spectroscopic experiments made by me to determine the relation existing between the *so-called high potencies* of Swan and the centesimal potencies of Hahnemann.

In this reference, through an error on his part, he reaches conclusions which tend to deceive the profession greatly with regard to these relations.

He states, "I protested at the time that these did not represent *my* potencies, and I am not aware that Dr. Burdick has ever said they did." This "protest" was on the ground that the water was allowed to "trickle" slowly, and not to run with full force under high pressure of the Croton. Still the doctor uses this same experiment, which he states did not represent his potencies, to try to prove that his are high potencies. But in its use he makes errors, which, in order to clearly point out, it becomes necessary to give his process of preparation of potencies, which is as follows :

He uses a potentizing bottle, which is about three inches high, with a bore of about three-quarters of an inch, with a capacity to hold about four hundred minims. Into this bottle he puts one minim of the drug to be potentized, inserts into the bottle, nearly to its bottom, a small tube which is finely perforated for nearly two inches of its lower portion ; this tube is connected with a water meter which registers cubic inches. The water is turned on, and for each cubic inch which runs through the meter into the bottle he counts three potencies, up to his 1 M. One hundred cubic inches gives the three hundredth potency of his notation, and three hundred and thirty-three and one-third cubic inches produces his 1 M (1.000).

Here the doctor provides a very peculiar and quick method of reaching his MM, which I have never been able to reconcile with the mathematics of my school-days.

He takes one minim of his so-called 1 M, puts it into his potentizing bottle, and runs through 333—1-3 cubic inches, and calls this his millionth potency.

It must be clear to any one that the same process which produced the 1 M potency from an *initial drop of θ* , again repeated with one minim of the 1 M (for the *initial drop, as the doctor terms it*), would raise the potency one thousand more of his notation, *and only that, which would give the 2 M instead of the M M.*

If any one fails at a glance to see the truth of this, they have only to refer to the Hahnemannian centesimal system, and they will readily see that when the thousandth potency has been reached, one minim of it is taken and added to ninety-nine of water to make the one thousand and one, and so on until the full repetition of the process which gave the first thousandth, in the second instance gives the 2 M of Hahnemann, and not the M M.

Now we can readily see how Dr. Swan has made so many errors in his calculation.

The experiment which he refers to (which does not represent his potencies, the misrepresentation, however, being all in his favor, which I shall fully show in another paper which I am preparing for publication) gave the relations as one is to four; consequently, if we divide one thousand by four it will give the result of *that* experiment, so far as Swan's M potency is concerned, which would make it equal to the 250th centesimal of Hahnemann. Now we have shown above that his M M is really only the 2 M of his own notation, consequently his *so-called* M M would only be equal to the 500th centesimal, instead of the "357,142—6-7," as stated by him in his reply to Dr. Allen.

Dr. Swan also states in conclusion, "Dr. Burdick and myself propose to make further experiments, *and with my real potencies.*" He further adds:

"The question of potencies and their relative value must be decided by actual use, and these experiments only show the physical ratio of a very low attenuation. The most useful potencies are those so high that all physical and chemical qualities are entirely eliminated."

When Dr. Swan read this paper before the Hahnemannian Society, it was clearly understood that I was engaged in perfecting apparatus for completing the tests with the doctor's *real potencies*. I also corrected an error in his paper with reference to the potency at which the absorption-band disappeared both in his and in the Hahnemannian potencies. He states in his paper that it disappeared in the Hahnemannian "*fifth centesimal*," and in the "fourteenth" of his. The facts are, that it disappeared in a little over the *third* of Hahnemann, and in about the thirteenth of Swan. I still have these preparations in my laboratory, bearing the labels placed upon them at the time they were made, with the potencies upon them.

I must confess I was not a little surprised when his paper appeared in your journal with these errors uncorrected.

Now for his statement: "*And these experiments only show the physical ratio of very low attenuations.*"

I grant this to be true, so far as it relates to the centesimal potencies of Hahnemann, but when it is applied to the *so-called high potencies of Swan*, it is quite another thing, for there is abundance of evidence which I am prepared to show to any one who will take the trouble to call and examine for them-

selves, of the presence of *physical qualities* in his so-called thousandth, and I am satisfied that they may be shown far above this, perhaps in his M M.

The discussion of this I shall leave for the forthcoming paper, where the details of all these experiments will be fully given. Suffice it to say, that the experiments with Dr. Swan's *real potencies, made by himself, and stated by him to fairly represent his potencies*, have been completed.

The results show that Swan's M M *cannot exceed the tenth centesimal of Hahnemann*, and is liable to be much lower even than the tenth.

A REPLY TO DR. BURDICK.

"*Parturient montes, nascitur ridiculus mus*;" and Professor Burdick was the accoucheur, with instruments, Dr. Allen not having time to attend.

The question at issue is, by which mode of preparation the highest dynamization is obtained, that of Hahnemann or the fluxion process of Fincke and Swan; it is the result and not the processes that is to be discussed. Professor Burdick makes a point of my potentizing vial holding 400 minims instead of 100; but in making the 1000 potency, I only use $333\frac{1}{3}$ cubic inches of water and potentize the alcohol from the adherent drops in the vial, and I fail to see where the error counts. The professor attacks my mathematics and states the case thus: $333\frac{1}{3}$ cubic inches of water raise the tincture to the 1000 potency, but $333\frac{1}{3}$ cubic inches more, raise the 1000 my potency to only 2000; in other words, ten times one is 10, and ten times 10 is 20. If any one fails to see truth of this, it is because he has not studied the same arithmetic Professor Burdick did.

As proof of this statement, he refers to Hahneman's centesimal system, which is not under discussion, and Swan's notation never was claimed to be Hahnemann's. Hahnemann's was an arbitrary notation, as he calls 100 times 1, and 100 times 100, 2.

These doctors must stick to the text, and consider only results and not side issues.

Now, I would ask any reasonable man if the θ , 100, 1000, 30,000, or 50,000, were treated with $333\frac{1}{3}$ cubic inches of water, which is one hundred thousand minims, if it would not raise them all 1000 times, according to the centesimal scale. Professor Burdick does not believe my potencies are centesimal. Let us examine this. In the Hahnemannian plan the first 100 drops are displaced by emptying, and a second 100 drops introduced; this in turn is displaced, and a third introduced and so on. In Swan's plan, the first 100 drops *has* to be displaced before the second is introduced, because you cannot put more water in a full pitcher till it is first emptied. In the Hahnemannian plan this is accomplished by the slow process of emptying the vial each time.

In Swan's, the process is rapidly performed, by one 100 drops displacing the preceding one, by pushing it out, the dynamization being continued by the force with which the streams of water impinging upon the sides and bottom of the vial, agitate and succuss the contents. It may be asked, why not stick to the Hahnemannian process? Simply because careful observing physicians found from clinical experience, as Hahnemann did, that the greater the dynamization the more rapid and efficacious the action, and higher potencies were demanded. These Lehrman and Jenichen furnished by a slow and laborious process, and even then, got no higher than the 40m, and there were more to take up the work. Dr. Fincke then discovered the fluxion process, and those physicians who felt the need of higher potencies at once ordered and used them, asking no questions as to how they were made, being satisfied with the results. Higher potencies than the cm being wanted, and Dr. Fincke refusing to sell me any, I was compelled to make them myself. Now, only think what a waste of time and money there has been to produce the mm potency, when Professor Burdick says it is only the 10th Hahnemannian; that the transit of 100,000,000 minums, $45\frac{1}{4}$ barrels, through my potentizer under violent succussion during $96\frac{1}{2}$ hours, only results in doing what he can do with 1000 minims, divided into hundredths and emptied ten times; and the question naturally arises, why is it that the most careful, studious, conscientious and successful physicians persist in disposing of their Lehrman's, Jenichen's and other potencies, and using almost exclusively Fincke's or Swan's fluxion potencies?

Well, I will tell you: It is from "pure cussedness" and a settled determination to "disgrace homœopathy," as Dr. Allen says, quoting from his friend Dr. H. M. Paine, whose views on this and cognate subjects were so fully *indorsed* (?) by the "Central New York Homœopathic Medical Society."

Now I had supposed some experiment could be made to decide the difference between the two plans of potentization, and hoped that the spectroscope would assist us. The experiment was made, as Professor Burdick states, and will show in his next paper.

The spectroscope and flourescence deal *only* with matter; dynamization is beyond the power of either, and can *only* be decided by clinical experience on the sick. Does Professor Burdick suppose that a high potency made *a la* Hahnemann—say the 50 m—would be affected in its action by coloring the dilution with Eosine? If he does, his experience differs widely from mine.

Again, no experiment can be considered a final test, the results of which can be varied by manipulation. If I let the full force of my potentizer into the vial, the horizontal currents coming from the side holes in the tube cause rotary currents that retain the coloring-matter a long time (so Professor Burdick informed me); hence, in our experiment, the color was seen, I think, in the thousandth—certainly in the 100th—while by allowing the water slowly to displace the col-

oring-matter, and then let on a full flow, I failed to get it in the 25th.

Usually these semi-occasional attacks on high potencies have been rather iconoclastic—pulling down and breaking without subsequently offering a substitute.

It is to be hoped that Professor Burdick will develope some new and better process of potentization, so that none will be afraid to use them for fear they are *too high*, or reject them because the millionth is no higher than the tenth Hahnemannian.

Dr. Skinner has perfected a potentizer that empties the vial at each one hundred drops, one of which I expect soon to receive.

But the trouble with all these is that they are too slow. His makes the 200th in an hour; to make the millionth (and there are those who must have the millionth), it will take five hundred hours, or 20½ days of twenty-four hours.

The use of high potencies does not make good physicians, but good physicians gravitate or levitate to high potencies.

S. SWAN.

FREEDOM OF OPINION AND ACTION.

NEW YORK, March 23, 1878.

Edwin A. Lodge, M. D., Editor of the American Observer :

DEAR DOCTOR—The following is a copy of a letter I received—and my answer—which please publish in the next number of your journal. My remarks were so grossly mis-stated in one of the New York papers, that I am not surprised at my receiving such letters as this. I desire immediately to place myself in a proper position with my professional brethren and the public.

Respectfully yours,

J. W. DOWLING, M. D.

OWOSSO, MICH, March 18, 1878.

J. W. Dowling, M. D. :

DEAR DOCTOR—Being ignorant of the nature of the motion voted upon by the New York Medical Society, I am unable to contradict the statements which are being circulated by the "Regulars," to the great injury of Homoeopathic practice. You as a recognized exponent of Homoeopathic medicine are charged with publicly disavowing faith in the law of cure peculiar to our school, and this is flaunted in our eyes every day. May I trouble you for a line on the subject that I may have authority for my words.

Yours respectfully,

EDWARD A. INCE, M. D

MY DEAR DOCTOR—Yours of March 11th (addressed to me as Dean of the N. Y. Hom. Med. College) has just reached me.

Far be it from me to do or say anything which will injure homœopathy.

In opposing the rescinding of the resolutions, (a copy of which I inclose) offered at the meeting of the New York County Medical Society, held on the 8th of February, and passed by an overwhelming majority—but one member present voting in the negative—I said nothing which could possibly be construed into a disavowal of faith in the principle of cure peculiar to our school.

In commencing my remarks I said, “I am a Homœopath, and as firm a believer in the homœopathic principle of cure *Similia Similibus Curantur*, as any physician present this evening, or practicing homœopathy to-day.” In a practice of over twenty years, I have *exclusively* followed that principle within the field to which it is applicable. But in my experience, as in the experience of every physician, mechanical and chemical conditions are constantly arising requiring chemical, mechanical, and in some cases, local applications, and palliative treatment. And when my knowledge of the cause of the trouble I am called upon to relieve, my knowledge of pathology, or my judgment prompts me to resort to any of these measures for the relief of suffering or the saving of life, I do so unhesitatingly, and in so doing deny the right of any man to accuse me of acting in opposition to the principle of cure by which as a homœopath I profess to be guided.

We are so accused by men, who in the public prints pretend to *define and expound* homœopathy. I cited the case of a stomach overloaded with indigestible food, which was acting as an irritant, and producing symptoms, in my judgment, impossible to relieve as long as the irritating cause of the difficulty remained. Under such circumstances I said common sense would prompt me to resort to an emetic. I cited the case of the rectum overloaded with impacted fecal matter,—a poison in itself—and enumerated the symptoms mechanical and septic, which might arise, and said my judgment would prompt me, instead of treating these symptoms primarily, to first resort to measures—an injection or a cathartic—to rid my patient of this foreign and effete matter, from which all these symptoms arose.

I cited the case of a young graduate of a Homœopathic College who had located in a town in Massachusetts, who had been led to believe that the principle *Similia Similibus Curantur* was all that he would ever require as a guide for treatment in any, and all the cases of sickness which would come under his care. One of his first was a case of post partum hemorrhage. Armed with his pocket repertory he selected a remedy, and administered it; the bleeding continued, he tried again, and still the bleeding continued, his patient growing weaker and more pallid. He was preparing for a third remedy, when she breathed her last—died a victim to medical incapacity on the part of the attending physician, caused by incomplete and improper teaching by his professor of obstetrics. The young man was ruined, and obliged to give up the foothold he had obtained, and leave the town in disgrace. I said, “in such a case I should unhesitatingly resort to mechanical measures—and local applications too—to save the life of my patient, and have repeatedly done so, and in resorting to prompt and effectual measures by which I saved the life of my patient, feel that I but did my duty, and deny the right of any one to accuse me of not being a homœopath.

I cited a case of gall stone colic, where a homœopathic physician had for hours been prescribing for symptoms without results. He was dismissed, and another physician called in, who injected a solution of morphia hypodermically, giving speedy relief. Here was a purely mechanical condition, with no hope of relief till the gall stone had passed into the duodenum. Under such circumstances I said I should use morphia, chloroform, local applications, or anything that would give my patient relief from his intense suffering, till the cause of the difficulty was removed and in so doing would deny the right of any man to accuse me of not being a homœopath. In other words to quote from the resolutions, I claim the inviolable right to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments, and verified by experience, that shall in my judgment tend to promote the welfare of those under my professional care.

I favored the resolutions that I might thus practice my profession without being submitted to unjust criticism by extremists in our own ranks, that I might thus practice without being accused of dishonesty in not adhering to homœopathy, by practitioners of the old school.

No, doctor, I have not publicly or privately disavowed faith in our glorious principle of cure. The longer I practice my profession, the firmer is my faith, and the more successful I am in the application of that principle.

Yours truly,

J. W. DOWLING

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The 18th Annual Commencement was held at Chickering Hall on the evening of Thursday, Feb. 28th, 1878. Every portion of the great hall was crowded with ladies and gentlemen from the best circles of New York society.

Exercises of the evening were opened by a prayer from the Rev. Dr. Tucker, of New York City. The Dean, Prof. Dowling, then gave an introductory address, after which the degrees were conferred upon the graduating class by Hon. Salem H. Wales, President of the Board of Trustees.

The Secretary of the Faculty, Prof. Bradford, then presented certificates to the Juniors who had passed a satisfactory examination in any or all of the Junior studies, after which Prof. Helmuth, in the happiest manner conferred the prizes upon the various successful competitors in the Senior and Junior classes in the following order, viz :
1. *A Faculty Prize, A Fine Microscope, \$100*, conferred upon the graduate attaining the highest grade of scholarship through the whole course, to G. R. Stearns, of Buffalo, N. Y. In connection with this prize the following graduates received *honorable mention* : C. A. Walters, Jr, Greenpoint, L. I., N. W. Rand, Francistown, N. H., T. W. Swalm, of Mahonoy City, Pa.

2d Prize presented by H. B. Millard, M. D., to the best operator on the cadaver, and showing the most aptitude for surgery, *A fine Set of Operating Instruments* to Thomas Dickenson Spencer, of Utica, N. Y.

3d Prize, "Allen Gold Medal." For the best original investigation in *Materia Medica*. Gold Medal to Edward Chapin, of Chapinville, N. Y. *Apocynum Cannabinum*.

4. Prof. Burdick's Prize. "A pair of Obstetrical Forceps." For the greatest proficiency in the branch of Obstetrics, to G. R. Stearns, of Buffalo, N. Y. *Honorable mention*, Wm. H. McLenathan, of Jay, N. Y., Henry Von Musits, of New York City, B. C. Shenstone, of Brooklyn, N. Y.

5. *Prof. Lilienthal's Prizes*. "A," for the best Record of the Medical Clinics held at the College, Pocket Case of M. Potencies, to Arthur A. Camp, of Brooklyn, N. Y. "B." For the best Thesis on Nervous Disorders, "Wickers on Nervous Diseases," Lond. 1878, to

C. A. Walters Jr, of Greenpoint, L. I. The subject of Mr. Walters' Thesis was "Chorea." These two prizes were adjudged by medical gentlemen not connected with the college in any way.

6. *Prof. Helmuth's Prize.* For the best record of the Surgical Clinics held at the College and at Wards Island Hospital, a very fine Pocket Case of General Operating Instruments, to H. C. Blauvelt, of New York City, of the Junior Class. *Honorable Mention*, Arthur A. Camp, of Graduating Class.

7. *Wale's Prize.* Presented by Hon. Salem H. Wales to the member of the Junior Class attaining the highest grade of excellence in the Junior branches, to E. V. Moffatt, of Brooklyn, N. Y., "A Helmuth Pocket Case of Instruments." *Honorable Mention*, J. W. Candee, of Syracuse, N. Y., R. M. Weed, of New York City.

J. T. O'Connor, M. D., Professor of Chemistry, then delivered a most excellent Valedictory Address, on behalf of the Faculty to the Graduating Class; after which B. C. Shenstone, M. D., delivered the Valedictory Address on behalf of the class.

The Rev. Dr. Tucker, after an address, giving some well chosen advice to the graduating class, closed the exercises of the evening with the benediction.

The following is a list of the graduates :

H. J. Beals, New York ; C. K. Belden, New York ; T. P. Birdsall, New York ; G. C. Blakelock, New York ; M. M. Bose, Calcutta ; L. T. Botsford, New York ; A. A. Camp, New York ; Eugene Campbell, Iowa ; J. H. Chamberlain, New Jersey ; E. Chapin, New York ; O. C. Cole, New York ; G. W. Crosby, New York ; A. M. Curtiss, New York ; J. G. B. Custis, District Columbia ; R. N. Denison, M. D., New York ; W. A. Durrie, New Jersey ; W. E. Gorton, New York ; H. W. Garrison, New York ; H. D. Gould, New Hampshire ; S. M. Johnson, New York ; J. Kastenduck, New Jersey ; G. Lounsberry, New York ; C. McDowell, New Jersey ; W. H. McLenathan, New York ; E. J. Morgan, Jr., New York ; H. Musets, New York ; J. L. Nevin, Pennsylvania ; N. W. Rand, New Hampshire ; O. S. Ritch, New York ; B. C. Shenstone, New York ; T. D. Spenser, New York ; C. E. Stark, Connecticut ; G. R. Stearns, New York ; E. C. Strader, New York ; J. J. Sutton, New York ; T. W. Swalm, Pennsylvania ; C. S. Van Shoonhoven, New York ; C. A. Walters, Jr., New York.

HOMCEOPATHIC COLLEGE, UNIVERSITY OF MICHIGAN.

GRADUATES FOR 1878.

Miss A. M. Atkins, Bristol, Conn. ; A. B. Avery, Chelsea ; J. D. Baker, Palo ; Miss S. J. Coe, Monroe ; H. M. Corey, Waverly, N. Y. ; Clark De Muth, Toulon, Ill. ; W. A. Franklin, Ph. B., Fall River, Wis. ; M. E. Graham, Honeoye Falls, N. Y. ; Wm. B. Knapp, Leslie ; J. M. Lee, Plainwell ; S. S. Moffatt, Alpena ; C. E. Walker, Hornellsville, N. Y. ; S. E. Warner, Flint ; Wm. Watts, Farmingdale, Ill. ; Mrs. E. M. Webster, Put-in-Bay Island ; F. N. White, Marquette ; Mrs. F. M. Wright, Farmington, Pa. Total, 17. Allopathic graduates, 66. Graduates in all departments, 247.

INDIANA INSTITUTE OF HOMŒOPATHY.—The 12th Annual Session of the Indiana Institute of Homœopathy will commence in Indianapolis, May 21st, 1878, at 10 A. M., and continue two days. From the lessons of the past and the indicated dangers of the future, we are imperatively admonished to be up and doing. We must have thorough organization and a unanimous concert of action. Every Homœopathic physician must do his duty. The sessions heretofore have been very profitable to the profession, as many can testify who were in attendance or have since read in our Journals the valuable papers and discussions of the Institute. Not later than April 15th, 1878, the title of each paper to be read should be sent to me, that a complete schedule of the same may be published.

Our last session was a great credit to the Institute, and it is the earnest determination of those who were present to make the next session even better than the last, by active co-operation.

We hope that nothing will detain our friends from attending this meeting. Our bureaux are well manned and we expect an interesting and profitable time. Physicians are cordially invited to enhance the value of the meeting by contributing theses on any medical subject or by reporting cases from practice.

MOSES T. RUNNELS, *Secretary*.

THE HOMŒOPATHIC MUTUAL LIFE INSURANCE CO., OF NEW YORK.—We are much pleased to receive the following favorable report from the *Insurance and Real Estate Journal*:

"The examination of the affairs of this company has just been completed by the Insurance Department, and although there are one or two items of difference in the valuation of securities as assumed by the Department and the Managers of this company, we are happy to find that even with all these deductions conceded, the Department arrives at the conclusion that the surplus as to policy-holders, after providing for all liabilities, amounts to \$51,552.68, a feature of safety that must afford to all those concerned the satisfaction of perfect security. But in arriving at this balance there are left in abeyance \$13,000 in town bonds in which the management has confidence, and there is also a similar amount deducted as shrinkage in the value of its real estate investment, which there is no doubt will be fully recovered upon the return of greater confidence. These two sums will increase the surplus allowed by the Superintendent to \$78,552.68. The salient point is, that the statement of the company was completely verified. On the whole, we are glad to find that the Homœopathic has passed the ordeal before which so many have fallen, and we feel certain that the able and skillful management of its present officers will soon contribute to the larger spread of its reputation, and to the increase of the patronage conferred upon it.

Personal Notices, Etc.

HEMPEL.—Prof. Hempel is doubtless watching with intense interest the controversies now going on in our own ranks. While desiring peace and concord it must not be obtained by selling the truth or compromising principles. He writes us:

“In answer to your inquiries concerning my health, all that I can say is that, apparently at least I am holding my own. It seems to me that I see a great deal more light than I did three months ago, although I am not able to discern any objects. My appetite is very good, but I am weak and have sleepless nights. I have no great expectations of getting much better, yet I am not without hope. Every morning after breakfast I take a current of electricity from Kidder's Battery for about twenty minutes. I also take every day a few doses of Phosphorus and Strychnine. This treatment I think is doing me good. But what I think is doing me more good than anything else, is the kindest nursing at the hands of my family, the perfect rest from all professional and pecuniary anxiety, and above all, the grace of our all merciful Lord and Redeemer.”

With much esteem from my wife.”

HOUGHTON.—NORTON.—Our readers will be very much pleased to find that Drs. Henry C. Houghton and George S. Norton have undertaken editorial charge of the department of Ophthalmology and Otology in this journal. They will doubtless make this one of our best departments.

KELLER.—Dr. J. D. Keller a graduate of Hahnemann Medical College of Philadelphia, who practiced several years successfully in Melrose, Md., has removed to Glenville, York County, Pennsylvania, where he is engaged with his father, Dr. H. S. Keller.

NEW YORK OPHTHALMIC HOSPITAL.

FOR EYE AND EAR, CORNER 3RD AVENUE AND 23RD STREET, NEW YORK.

Report for the months December, 1877, January and February, 1878.

No. Prescriptions, December, 3142; January, 3293; February, 3412.

No. new Patients, December, 387; January, 438; February, 463.

No. Patients resident December, 37; January, 37; February, 37.

Average daily attendance, December, 126; January, 127; Feb., 148.

Largest daily attendance, December, 158; January, 188; Feb., 209.

ALFRED WANSTAL, M. D., *Resident Surgeon.*

Hahnemann Monthly.—By inadvertence this journal was not credited with articles of Drs. Burdick and Swan, pp. 205-208.

Surgical Observations.

BUSHROD W. JAMES, A. M., M. D., 18TH AND GREEN STS, PHILADELPHIA, EDITOR.

SURGICAL NOTES.

We have made some extracts from current surgical literature of the past year which are well worthy of note for the general practitioner, and these we propose to offer from time to time in our department, with others.

CAPILLARY TUBES FOR DRAINING ANASARCA.

In that class of dropsy cases physicians so frequently meet with, which becomes unmanageable with medicinal treatment, and where the fluid must be removed from the cellular tissue in order to afford the sufferer relief in some way, a mode of drainage by means of small tubes has been brought into use by Dr. Southey, of London. His treatment is with capillary tubes, and he narrates as follows the mode of using them :

"The canulæ were scarcely larger than the ordinary subcutaneous injecting needles, and were introduced by a fine trocar. They terminated with a little bulbous extremity, over which the capillary india-rubber tube was drawn after its introduction into the dropsical limbs. A tiny thread and small piece of adhesive plaster sufficed to maintain the canula in the skin, and the connected drainage tube was conducted below the patient and into a pan beneath his bed.

The large amount of serous fluid which might thus be withdrawn in dropsical subjects from a single prick in each leg was quite surprising. The fluid continued to drip away for as many hours as the tube was retained *in situ*, and this without any discomfort to the patient. No escape of fluid took place beside the canula. The whole was conducted outside the bed, and several pints usually thus drained away from highly dropsical subjects each twenty-four hours.

The advantages were manifold, of this exceedingly simple and cleanly method of relieving anasarca, when this was extreme.

1. Instead of several needle pricks, all of which were painful and quite likely to form troublesome sores and centres for erysipelas to depart from, one, or at most two—only one for each limb—were needed.

2. The skin round about the puncture was not macerated by the oozing serum, nor irritated by it.

3. The patient was kept dry, warm, and clean, in bed.

4. The relief obtained was more speedy as well as more thorough.

5. Should the escape of fluid prove too rapid and become attended by circulatory disturbance in the dropsical limbs, or by uræmic symptoms, the quantity drawn off could be easily regulated, controlled, or temporarily arrested, by a tiny clamp placed upon the tube.

6. The serous fluid, which in cases of renal anasarca contained very large amounts of urea, could be tested for this, and the quantity thus escaping be exactly ascertained. Thus in the particular case brought forward by Dr. Southey, the average amount of urea which was thus excreted amounted to 4.7 grammes, or 72.56 grains, for twenty-four hours.

In point of fact, Dr. Southey had drawn off as much as fourteen pints of serous dropsical fluid in twenty-four hours, from a patient, by two such tubes ; and in answer to questions put to him, he was able to state that he had seen no inconvenience arise from the maintenance of the canula in the skin in the same situation for forty-eight hours ; the prick hole closed at once, and without ulcerating when it was withdrawn."

INSUFFLATION OF THE CELLULAR TISSUE AS AN AID IN REMOVING SUPERFICIAL TUMORS.

The great benefits of the Esmarch bandage in operations on the extremities seem now to have a counterpart in the

method of injecting air into the cellular tissue in the immediate neighborhood of the tumor to be removed, whereby the growth is raised and comparatively isolated from the surrounding structures, enabling it to be easily dissected away without the cutting edge of the knife being used, the following extract will explain its mode of application :

"The *Rivista Medica Quirurgica*, No. 11, 1876, states that Dr. Montes de Oca, Clinical professor of surgery in Buenos Ayres, has devised a method by which operations are greatly facilitated in regions where Esmarch's bloodless method is impracticable, as for instance in the neck. The professor has employed this method with the most brilliant results in the surgical wards of the *Hospital General de Hombre*, during the past two years, for the extirpation of tumors. The method consists in the insufflation or injection of air into the connective tissue surrounding the tumor, causing the separation or isolation of the organs, and is performed in the following manner. A trocar is first introduced through the skin into the connective tissue in the vicinity of the tumor which is to be removed, the stylet is withdrawn and the tube of a pneumatic pump connected with the canula, when two or three strokes of the piston will generally be found sufficient to cause the tumor to float on the distended cells.

If the tumor be very large, it may be necessary to insufflate from two or more points. In performing the insufflation we should always take the precaution to compress the tissues at a certain distance from the tumor, in order to prevent the air from passing too far into the tissues.

After this preparatory operation is completed, the surgeon cuts the integument covering the tumor with his bistoury, and then terminates the operation with his finger or with the handle of the instrument."

A SIMPLE DEVICE FOR THE ACTUAL CAUTERY.

The surgeon is frequently called upon to use the actual cautery in some cases where the friability of the bleeding vessel

from calcification or other causes does not admit of the ligature or torsion, the method of applying, charring hard wood as recently recommended by Dr. T. C. Stellwagon, seems to be practical and easy of accomplishment.

The following are notes upon the subject, which will explain the mode of application.

"The following suggestion is made by Thos. C. Stellwagon, M. D., Professor of Operative Dentistry and Dental Pathology in the Philadelphia Dental College, in the American Journal of the Medical Sciences :

While operating on the 13th of March, I attempted, by the use of a minute coal of fire upon a match-stick, to obtund the sensation of the superficial portion of a cavity.

Meeting with some difficulty in the breaking off of the heated portion, the suggestion of the use of a harder wood was made, and I immediately ignited the end of a stick of dental pivot wood, from its characteristics being both dry and compressed, proved a most satisfactory and inexpensive means of obtaining the desired effect. It has since appeared to me that sticks of hickory or any combustible substance that is dense, tough and readily consumed in the ordinary atmosphere, might be of service to the general surgeon, but particularly where the throat, nares, ear, uterus, or anus are the points to be cauterized ; or for the physician, where immediate vesication is demanded, it could be conveniently used. These sticks might be made more inflammable by soaking them in something like a solution of saltpetre before drying and passing through the process of condensation, which dentists accomplish by an ordinary draw plate, such as is used for making wire.

To use this, a suitable portion should be burned in the flame of an ordinary match for a few moments, and then, by blowing out the flame, the incandescent portion at the point may be brought to the shape desired, and the temperature raised by passing rapidly through the air or vice versa, lowered,

by allowing a trifling coating of ash to accumulate upon the surface. This will burn thus for one or more minutes according as more or less is charred by the flame, and one or more of the small sticks are used singly or tied together, or the stick made of larger diameter.

It might also be that a tube of some non-conducting material might be filled with an ordinary lamp-wick, previously prepared, and by a spring regulated to keep the ignited portion of the combustible material constantly pressed out at one end."

NEW METHOD OF CURING ANEURISMS.

Aneurisms that are within reach and management are at the present day treated by expedients which were not thought of in olden times, or dared to be ventured upon even if devised. Among these may be noted the suggestions of Dr. Horace Dobell, who in the British Medical Journal submits to the consideration of surgeons a simple mode for the safe and rapid cure of Aneurism as follows: "It is to stop the circulation above and below the aneurism, and substitute for the fluid contents of the sac a substance insoluble in blood, solid at the temperature of the blood, fluid at a temperature low enough to allow of its being safely brought into contact with living tissues and changing from liquid to solid without fail and with great rapidity, and which at the same time is light, innocuous and unirritating.

All these conditions are completely answered by either spermaceti melting at 120 degrees or stearin melting at 130 degrees, and I submit to the consideration of surgeons whether there is any practical reason why an aneurism should not have its fluid contents withdrawn by an aspirator, and their place filled by melted spermaceti or stearin. Either of these substances would so rapidly and permanently solidify *en masse* as to be absolutely free from danger inseparable from either "active" or "passive" clots being washed away when the blood current is again allowed to flow; and the time occupied in their

solidification would be so short as to remove all danger of damage from arrested circulation in the parts below the aneurism. I need scarcely add that the subsequent blocking of the artery above and below the aneurism will of course go on as usual."

ULCERS.

James Jones, M. D., M. R. C. S. Eng., gives a good lecture on ulcers, appearing in the September and October Nos. of the British Homœopathic Review as delivered at the London Homœopathic Hospital. The special indications of the various homœopathic remedies in ulcerations are well noted. In closing he merely mentions Galvanism and Dr. Markwicks mode of dressing ulcers with Leibigs beef tea.

Under *Crotalus* he makes the following observations showing its use in obstinate ulcers and apparently incurable ones: "Obstinate ulcers appear around an issue. The blisters around the wound ulcerate. A malignant ulcer makes its appearance at the spot where the bite was inflicted (even fourteen years after) with swelling of the part, yellow complexion, and great indifference.

Old cicatrices break open again. Gangrene over the whole body, commencing at the wound; the spot where the bite was inflicted looks black with red circle, dark blackish redness of subjacent muscles and cellular tissue, and inflammation extending from the place of the bite to the pectoral muscles, where gangrenous spots are exhibited. The skin where the bite has been inflicted becomes gangrenous, and is separated from the muscles by a fetid fluid. Jactitation of muscles is also a symptom produced by *Crotalus*. *Crotalus* then is a medicine which might advantageously be used in all cases of ulcers and sores caused by blood poisoning, where the general symptoms correspond with the proving of this medicine. In connection with serpent poisons and the treatment of ulcers, we have the following from the ancients. Pliny tells us of Antonius Musa, the

famous physician of Octavius Cæsar, "that when he met with incurable ulcers, he ordered the eating of vipers, and by this means they were quickly healed." "It is not improbable," says Dr. Leadam, in his article on "Homœopathy and the Ancients," that he might have learned this from the Greek physician Craterus, mentioned often by Cicero in his Epistles to Atticus, who, as Porphyuris relates, very happily cured a miserable slave, whose skin in a strange manner fell from his bones, by advising him to feed upon vipers dressed after the manner of fish."

This remedy and all the poisonings by it, will be remembered by our readers is being thoroughly investigated by Dr. John W. Hayward, of Liverpool, a delegate in 1876 to the World's Homœopathic Convention.

ALCOHOL DRESSING IN WOUNDS OF THE SCALP.

"Professor Gosselin, in a recent clinical lecture, called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation.

He did so because it was an example of the rapid healing of such wounds which has been so frequently observed under dressing with pure alcohol, without development of any diffused or erysipelatous inflammation. The rapid cicatrization that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound gives issue to sanguinolent sero-purulent secretion, in no wise resembling good pus. This secretion gradually ceases, and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for sometime attracted Professor Gosselin's attention, in which wounds are healed by this intermediate mechanism, which is neither immediate cicatrization, nor cicatrization after granulation and suppuration.

This mode of cicatrization in wounds of the head especially occurs when these are dressed with pure alcohol, other modes of dressing requiring the formation of granulations for healing: Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents, and leads to the quickest cicatrization.

So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation."

RELATION OF DISEASES TO THE HEALING OF WOUNDS.

A French naval surgeon, M. Rochard, in a recent paper, describes the mutual relation of endemic maladies to traumatic influences. "During the healing of a wound in a patient who has at some previous time suffered from intermittent fever, the intermittent frequently again shows itself. It would perhaps, be more correct to say that its influence on the traumatic fever gives it an intermittent course—a phenomenon to be observed with regard to other febrile affections occurring in the subjects of intermittent, as is well known. But it is to be remarked that the more intense febrile disturbance hinders the cicatrization of wounds. Chloro-anæmia with œdema is still more prejudicial, and some authors have ascribed solely to its influence the phagedenic ulcers of warm countries. Affections of the liver have been stated by Verneuil to increase the gravity of wounds, but M. Rochard has been unable to discover any confirmation of the assertion."

MODE OF INTRODUCING THE CURVE-POINTED EUSTACHIAN CATHETER.

The following will enable almost any practitioner to insert the instrument after a little practice: "The catheter held lightly between the forefinger and thumb of the right hand, the

left being in readiness to transfer to it, has its curved point directed downward, introduced into the nostril; the hand being then raised, the catheter is carried quickly, unless there be any obstruction, horizontally, along the floor of the nares, all force being avoided, until the pharynx is touched posteriorly. The instrument is then drawn gently forward about half an inch, at the same time that it is rotated upward and outward, until we know by the direction of the ring at the outer end that it is turned toward the ear. It is there felt in the tube, having ridden over the posterior lips, and we verify the success of the operation by inflation. Lowenbarg and Politzer recommend a plan which it is well sometimes to adopt if we miss the orifice, namely, to turn the catheter in, withdrawing it from the pharynx inward, with its point in a direction downward until we feel it against the septum, and then by rotating the catheter outward and upward, to turn it toward the eustachian tube.

Unavoidable difficulties are sometimes met with in the turbinated bone and the septum, or from hardened masses of mucus.

The ingenious device of Dr. Noyes, who some years since introduced the catheter with the double curve for right and left tube, enables us as a rule to disregard these obstacles, as it is seldom that both nostrils are affected in this way, and by this modification we can readily catheterize through the opposite one.

The catheter is held in the right hand for the right nostril, and *vice versa*, at a right angle to the nose, on the line with the floor of the meatus; the back of the catheter is introduced at the inner side of the corresponding nostril. The catheter, kept close by the septum is carried a short distance backward, when the hand is brought down, the direction of the catheter being gradually changed to that of the horizontal one maintained in passing the ordinary catheter.

With a sweep it is carried round the septum posteriorly, and then rotated inward, the point readily entering the eustachian tube of the opposite ear."

CLINICAL REPORT

HOMCEOPATHIC COLLEGE, MICHIGAN UNIVERSITY.

BY J. G. GILCHRIST, M. D., LECTURER ON SURGERY.

Being in daily receipt of letters from all parts of our State, making enquiries as to the clinical facilities of our College, it has been suggested to offer this outline report, partly to answer such communications in gross, partly to show our friends *what* we are doing, and *how* we are doing it, and partly to call attention to our needs and embarrassments. When it is noted that this is our first year in which an attempt has been made to hold a surgical clinic, against the prestige of twenty-nine years in the other department, all will agree that the record is much better than the most sanguine of our friends could desire or expect.

All colleges, whether private or State institutions, find that a well patronized surgical clinic, is something exceedingly difficult to build up; one school is mentioned in the last number of the *Louisville Medical News*, in this fashion: "On October 5th, 1877, says the announcement of the Nashville College, a ligature was successfully thrown around an external pile, at the clinic of the school, and on the 20th of the same month, in the same presence, three teeth were extracted." Even the clinical material this year in the old school building, in this University, has been at times insufficient; at least once, and I believe twice, there was nothing to present to the class. One embarrassment is found in our proximity to a rival school, who, while constantly predicting our failure when brought into actual competition with them, and publicly assailing the ability and professional standing of our teachers, yet seem to have so little belief in the truth of their assertions, that one is justified in accusing them of fear of the result. Reference is made to the last case reported, as suggestive of this conviction. Cases have, in three instances, been personally solicited to leave our clinic and present themselves at that of the solicitor. Still this embarrassment has been, to some extent, overcome, and the future, I am happy to say, is much more promising. A better feeling exists between the two schools than some of our friends hoped for, and all danger will be averted.

Another difficulty has been, and one that all teachers of surgery will at once appreciate, that I have been absolutely without qualified assistance until very recently, with none to call on for counsel, assistance, or even to assume a passive share of the responsibility.

The last three months, has inaugurated a system that has to some extent relieved me of this annoyance, to use a mild term. A corps of assistants has been organized, each having special duties, and having special and careful instruction in his particular duties. I was fortunate to secure for my first assistant, a man of eleven year's experience in private practice, and also in the army during the war, and none who have not been placed in my position can estimate the degree of satisfaction, in a difficult case, to know that the assistant with the anæsthetic is thoroughly reliable and perfectly competent to take full charge of his department. In every case these assistants have done manful service, and are fast becoming all that any man could desire. Let me introduce them to the profession, as a slight testimonial due their efficiency and pains-taking. They are: Wm. B. Knapp, M. D., assistant to my chair; H. M. Corey, A. B. Avery, W. A. Franklin and E. E. Hoit.

The whole record of Clinical cases, large and small, in this our first year, foots up thirty-two (32), a few typical ones are here given.

1. *Caries* of both extremities of right tibia. Been long under the best homœopathic treatment. Carious portions removed with gouge. Wounds healed and apparently cured.

2. *Pott's Disease of Spine*, shown through the courtesy of Dr. G. L. Stone. Consolidation with much angular curvature. General condition improved with *Kali Brom.* 1⁺ Apart from the deformity is reported well.

3. *Double lateral curvature*, with much deformity, and omental hypertrophy. Was brought to us as a suspected case of ovarian tumor. Improvised support and *Coloc.* 30 given for abdominal pains. Reports much relief, with hopes of cure. Our clinic needs some orthopædic apparatus. Who will present us with a set?

4. *Old fracture of the spine*, with perfect consolidation and posterior curvature. Much hyperæsthesia, benefited by *Sil.* 30.

5. *Morbus coxarius*, past third stage, with anchylosis, and large

ulcer on thigh, with sinus leading into joint. While waiting results as to ulcer, was "captured" for the other clinic, when an attempt was made to sustain symmetry by extension, but abandoned, and case dismissed "incurable." We are promised another trial.

6. *Acute synovitis* of knee, in case of old caries, with much thickening of ligaments and contracted motion. Progressing to a cure, on *Bell*. Has taken *Arn. Apis.* and *Bry.* as indicated, with prompt response.

7. *Cheloid growth*, in old cicatrix in knee. Improving on *Stram*. Operation held in reserve.

8. 9. *Tumors of Scalp*, (*atheroma*), excised, and prompt healing.

10. *Compound Ganglion* of wrist. Dismissed incurable by other clinic. Subcutaneous section, and *Calc*, following one week on *Silicea*. Undergoing rapid absorption.

11. *Large papillary tumor*, on eyelid. Excised, and reports cure.

12. *Uterine fibroid*. Improving under *Calc*, with evulsion held in reserve.

13. *Large submaxillary fibroid*. Removed by tedious enucleation. External jugular vein, sup thyroid, lingual, and facial arteries tied. All vessels tied before division, and slight hæmorrhage. Threatened with tetanus on second day, but promptly dissipated with *Bell*. Doing well.

14. *Convergent strabismus*, with almost total loss of vision. Teno-tomy, followed by *Stan.* with *Caut.* subsequently. Eye perfectly straight, and sight almost perfect.

15. *Granular conjunctivitis*. A very bad case. Was doing well, when frightened by one of the homœopathic allies of the old school, into going to Prof. Frothingham. At my request, as I would not take the case again, went to Prof. Woodyatt, Chicago, who wrote me encouragingly as to the result. No further report. There is no doubt that a cure would have followed under our treatment, as a glance at our "clinical record" will make manifest.

16. 17. Two cases of *Gun-shot injury*, recent. One case ball extracted from *study of symptoms*, by counter-incision.

17. 18. Two cases of chronic *Tonsillitis*, 7 and 14 years duration respectively. The former improving on *Calc. c. 6*, and the latter nearly well, under *Baryta c. 30*.

19. *Perineal Urinary Fistula.* This is a case that fell into the hands of the other school, and as it has appeared in the *Michigan Medical News*, as a case reflecting upon the homœopathic treatment, it will be given more at length, although a detailed and minute account of it, with *all* the secret history will appear elsewhere at the proper time.

The case came to us early in the term, and presented a tortuous track, leading from the bladder to the inner surface of the right thigh. He was etherized, and an exploratory operation performed, which revealed extensive carious disease of the pelvic bones, and an obliteration of the posterior portion of the urethra; what had been supposed to be a patent urethra, at a previous examination, was found to be a false passage, leading apparently into the recto-vesical-septum, terminating at or near the opening in the bladder. He was destitute of means, and the college paid part of a week's board in the Hospital. He was temporarily dismissed, to enable him to procure sufficient money to pay his expenses and to return to undergo an operation for the radical cure. He was next heard of in the hands of the old school. Now here comes in a point of ethics that must be of great comfort to all parties interested. One of the homœopathic malcontents is aiding the other Faculty to circulate false reports of this case, for the purpose of either injuring the reputation of our clinic, or myself, and as our interests are identical, of course it is a blow at the college. This party, let it be noted, has never to my knowledge seen the case, before or after the examination, and knows nothing of it except what he has gathered from allopathic sources. It appears in evidence that a court of law holds valid, viz, letters and written documents, as well as utterances in the presence of other parties—that within a few moments of our patient being placed in the Hospital, the Prof. of Surgery on the other side of the campus, approached *him in person*, and solicited the case for his clinic, as we could never cure him. After his dismissal by us, he was induced to return and place himself under the honorable(?) gentleman's care, by promising a cure in two weeks, and this notwithstanding no examination of the case had been made. He came, and after three, if not four operations, ten weeks have passed, and he is not cured yet. He may ultimately be cured, for Prof. Mac Lean is eminently skillful; but dare he, or his homœopathic ally,

affirm that *we* could not have cured him, had we the same unfettered opportunity. This is all we have to say at present about this unfortunate case, unfortunate as far as the success of the means to prevent an opportunity on our part, to cure him, but which is surely enough to induce any honest man to believe the mortification, when finally placed where it would naturally fall, will certainly *not* rest on the Professor of Surgery in the Homœopathic College.

In closing let me urge upon the profession the paramount importance of supplying us with clinical material, as more of honor will redound to our college and cause, than to the present administrator of its surgical affairs. To those who have so generously remembered our claims in the past, in the name of the class, who *fully* appreciate them, I return sincere thanks.

ANN ARBOR, Feb. 2nd, 1878.

CHLORAL A GOOD DRESSING IN ULCERS.—Dr. W. M. Wright, of Hampton, Va., having had considerable experience as Surgeon and Secretary of the National Home for disabled Volunteer Soldiers, claims Chloral to be a valuable remedy in the treatment of old indolent ulcers. He remarks that among the old soldiers of our home we have a great variety of such cases, and I find nothing improves their condition better and more rapidly than Chloral as a local application.

SALICYLIC ACID IN ULCERS.—“When one part of Salicylic Acid and two parts of Olive Oil are heated together they form a homogeneous mixture, admirably adapted for application to surfaces. The oil will separate to some extent on standing for a time, but agitations will easily combine it again.”

REMEDY FOR BURNS AND SCALDS.—*Medical Record*.—Dr. G. F. Waters, of Boston, recommends the use of bicarbonate of soda as a local application to burns and scalds. The soda must be sprinkled over the injured part, and a wet cloth applied over it. Under this treatment the pain is almost immediately relieved, and the healing process goes on very rapidly.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

CHROMOPHOTOTHERAPY OF MENTAL DISEASES.—

Towards the end of 1875, Dr. Ponza, of Alexandria, published his experiments with the blue and red light in the treatment of mental diseases. Ponza fitted up three rooms, one blue, another violet and the third one red. He brought a patient, suffering from melancholia, who refused his food for a long time, in the red room, after a sojourn of three hours he desired to eat and was brighter. Another one with hallucinations, who also refused his food, desired his breakfast after a few hours. Equally successful was he with maniacs in the blue and violet room. He considers therefore *the blue light a tonic, the red light a stimulant*.

Dr. Davies, of Maidstone, Kent, England, experimented with two colors, dark violet and red, but failed to be as successful as he treated only his worst cases by this process, where all other treatment had failed. It is remarkable that whenever the blue room brought amelioration, the patients regularly complained of *frontal headache*. Of the red light he witnessed no success whatever. We sketch a few of his cases.

A maniac, 33 years old, mischievous and lascivious, who passed already three years in the asylum, was brought into the blue room. As soon as the headache set in, she became more quiet. For a whole week she was brought every day for a few hours into the blue room, when she asked for work and two months after her first residence in the blue room she could be discharged cured, and remained sane.

N. P. F., 33 years old, a dangerous patient with destructive tendencies, six years in the asylum, brought into the blue room, he defaces the walls with his fæces, tears his clothing into shreds. The room is cleaned and the following day he is

brought back, but acts in the same manner, towards evening he becomes more quiet and begs to be removed from it. On the third day in the room he complains of frontal headache, is more quiet, and henceforth amelioration steadily progressed.

F. R., 33 years old, brought in a straight-jacket into the asylum, destroys everything that she can lay her hands on, is uncleanly, bites and spits at the nurses, refuses all treatment, five hours in the blue room, no success. On the second day the same, but she begs not to be brought back into that room. On the third day frontal headache. After the fourth day she was quiet and willing to submit to treatment.—*Centralbl. f. Nervenkr. Jan. 1878.*

NERVOUS SYMPTOMS, EVEN HEMIPLEGIA IN PNEUMONIA.—We meet in pneumonia not only the nervous symptoms usual to febrile states, as chills, deliria, convulsions, but also circumscribed redness of the cheek on the side attacked with pneumonia, which already *Gubler* considered a vasomotary reflex paralysis and a difference of temperature of 1 to 2 degrees between both sides of the body. *Charcot* and *Vulpian* observed also in aged persons fatal hemiplegia, and the post mortem usually reveals softening in some part of the brain. If not carefully looked for, it may escape attention, as it may be circumscribed to a small spot. Some authors consider thrombosis the cause of the softening and of the hemiplegia. Inflammatory and hæmorrhagic processes of the meninges have been frequently observed.—*Revue mens. de Med. Oct. 1877.*

INFANTILE SPINAL PARALYSIS.—*Dr. Mossdorf* treated eleven cases successfully with the descending current of central galvanization of the spinal cord. It needs perseverance, in some cases over one hundred applications were made to restore motility to its nerve.—*Zeitschr. f. pr. Med. 48. 1877.*

Climatology.

PROF. H. P. GATCHELL, M. D., MOUNT AIRY, GEORGIA, EDITOR.

HIGHLANDS: WESTERN NORTH CAROLINA.

Editor of the Medical Observer:

MY DEAR DOCTOR,—In conformity with a promise made to you before leaving the North. I now proceed to give you some account of the plateau of Highlands in Western North Carolina.

Let me premise with telling how I came to be especially interested in this region.

It is now more than twenty years since I began to study the relations of climate to disease, and especially to that most destructive of the diseases of the temperate zone, pulmonary consumption. While making some acquaintance with these relations in foreign countries, I directed my studies more particularly to the different States and territories of our own broad land.

As one result of my investigations, I found that the United States, extending from the eastern to the western ocean, with its Atlantic and Pacific slopes, its mountain-ranges, its wide interior valley and its lofty western plateau, has regions better adapted to recovery from any form of disease than has the longer-settled continent from which our people have come; a conclusion, that, without rashness, might have been inferred from our greater variety of surface and climate, the latter more mild and equable than western, as well as more rude and extreme than eastern Europe.

Another result was the complete confirmation of what I had previously suspected, that cool air and great altitude are indispensable to the highest degree of sanitary influence in consumption. Whatever increase of comfort may be obtained in warm air and at low levels, there is in comparatively few cases, increased vigor with permanent improvement of health.

Accordingly when two members of my own family were attacked by pulmonary consumption, they were ordered to the mountains of North Carolina. But, not satisfied with the altitude of the place they were in, and judging from the course of the streams, that a more elevated region was to be found in the

Southeastern part of Macon county, near the Georgia line, I requested one of them to visit that part of the State. Circumstances preventing him from making the desired exploration, several years elapsed before the information which I sought could be obtained.

Between three and four years ago, Mr. S. T. Kelsey, a native of Western New York, who had cultivated fruits in Illinois and Kansas, and who had distinguished himself by presenting the finest specimens that were exhibited at the great national fruit-show in Philadelphia, had his attention attracted to the salubrity and pleasantness of Western North Carolina and the neighboring portions of South Carolina and Georgia.

In order to select the most eligible place for a permanent home he traveled 600 miles on horseback through these several sections, finally fixing on the Southeastern part of Macon county as the most desirable.

There he planted a nursery and named the place Highlands.

Highlands is situated on a plateau more than

4,000 FEET ABOVE THE OCEAN-LEVEL :

comprising, according to Mr. Kelsey's estimate, 200,000 acres. But I am informed by Prof. Frank H. Bradley, who is intimately acquainted with the topography as well as geology of this region, that the plateau proper has a smaller area. However this may be, there is no other plateau this side of the base of the Rocky Mountains, of equal altitude and extent, no other of the same elevation, capable of sustaining any considerable population. The soil, like that of the flat ridges and mountain-tops of North Carolina, in general, is very fertile. It consists of a black mold of great depth, which is not inferior in productiveness to the rich prairie-lands of the West.

This high, cool land has its own mountain-peaks rising above the general surface, and contributing by condensation of the clouds that often rest on their summits, to the numberless springs, which are sources of many beautiful streams of clear, cold, soft water, tenanted by myriads of speckled trout.

The surface is mostly covered by a noble forest, which with its freedom from underwood, presents the appearance of a grand old English park, through the aisles of which, often coated with a luxuriant growth of grass, one can ride almost as easily as in the open country. Nor is the forest lacking in attractions to the hunter. Deer and wild turkeys may still be found, and small game is abundant.

The summers of this region are delightful, and its winters are mild, as compared with those of the northern States.

Before any observations had been recorded, I estimated the summer-mean as between 66 and 67, and the winter as between 35 and 36 degrees, Fahr. The recorded observations of two summers afford a mean of 66.4 degrees. But as one of the two was the very hot summer of 1876, it is not improbable that a longer period will give an average of 66 degrees. No sufficient data, as yet, exist for determining the accuracy or inaccuracy of my estimate for the winter. But it is worthy of remark that, during the extreme cold of December, 1876, the mercury did not fall as low by several degrees, at Highlands, as at Franklin, 2,000 feet below.

This greater

REDUCTION OF TEMPERATURE

at the lower level, during some extreme depression, is not uncommon; and, in general, altitude causes a greater diminution for summer than for winter.

We have on this plateau, with its great altitude, its pure air and water, and its absence of malaria, so-called, not only the conditions favorable to exemption from consumption among the natives, and of recovery on the part of visitors, but also the conditions of a high degree of salubrity in reference to all, or almost all, forms of disease.

The only region this side of the base of the Rocky Mountains, that might be thought to rival Highlands, is the Cumberland table-land in Tennessee. But that has an altitude of only 2,000 feet, and its summer mean is four, probably five degrees, above that of the Carolina plateau.

Colorado Springs, the pleasantest place of residence in Colorado, has a summer 4 degrees warmer and a winter 4 degrees colder than that of the Highlands, with single extremes of heat and cold greatly exceeding those of the latter place: and though Colorado has thus far proved more beneficial to consumptives than any other region in the United States, to which great numbers have resorted, it is doubtful whether the climate of this portion of Carolina is not still more favorable. For while it partakes of the inequableness which characterizes the whole country this side of the Pacific coast, its fluctuations are less frequent, less sudden, and less extreme than those of Colorado. It is almost, if not quite, unprecedented at Highlands for the mercury to fall 40 or 50 degrees between noon and midnight, as it often does in Colorado, and on the plains this side of that

State. It is free also from the almost incessant high winds, with their clouds of dust and sand, that constitute so disagreeable a feature of the climate at the base of the Rocky Mountains.

Colorado, too, is more characterized by intestinal diseases than any other part of the country, except Utah. Highlands, on the other hand, is distinguished for giving tone to the digestive apparatus, and for the natural concomitant—a vigorous appetite. Nor should the immense prevalence of rheumatism, as well as nasal catarrh, in Colorado, be forgotten; a prevalence that it shares with the whole Rocky Mountain region and the plains on this side.

An equally, but not more pleasant summer may be found in California, along a narrow belt between the coast-range and the ocean, just far enough from the latter to escape its chilling and fog-laden air.

But California has, for its latitude, a large mortality from consumption, exceeding that of the more northern Wisconsin; and fatal diseases of the nervous system prevail to an extent almost, if not entirely, unequaled elsewhere in the world.

Perhaps some one, who knows nothing about the matter, will, with that happy faculty which characterizes some people, at once jump to the conclusion that the former is due to the rush of consumptives, and the latter to the influence of mining. To this I have only space to reply that those who have studied the subject are quite as able to judge of these possible factors as those who, rising above the necessity of research, indulge in the sublime art of guessing; and I have only to add that the causes are climatic.

Not only is California noted for a large death-rate from the particular diseases mentioned, as well as from several of the fevers, but its total mortality is unusually great for the character of its population, and for its comparatively recent settlement—new countries having, in general, a lower death-rate than old and densely peopled ones. But that of California is above the average for the entire country.

It is unnecessary to discuss the influence of the long, severe winters of Minnesota and other States in a high latitude, since physicians have at last discovered the mistake they made in, sending consumptives thither to die. I turn, therefore, from the high inclined-plain of Colorado, with its very variable and extreme climate, and from the coast-belt of California, with its singularly equable atmosphere, to the low-lands of the Gulf States.

While the intense cold of far northern winters, (aggravated

in the northeast by the prevalent dampness,) tends to exhaust the heat-producing capacity of the consumptive, the hot, humid summers of the lowlands of the south tend to hasten death by their debilitating influence and by the inflammations and fevers which they cause. While, as a general rule, mortality from consumption increases from south to north, that from inflammations and fevers increases from north to south, with its maximum in Louisiana, especially in the counties on each side of the Mississippi river. So prevalent and fatal are pleurisy and pneumonia in Louisiana that the mortality from these causes very considerably exceeds that from consumption in Wisconsin, while on the other hand, the mortality from these diseases in Wisconsin is less than that from consumption in Louisiana.

In the river-counties, also, is to be found the highest death-rate from all causes, of the whole country, due undoubtedly, to the combined influence of high temperature, great humidity and malaria-laden atmosphere. Next, in total mortality are the shores of the Gulf, and the Coast of the Southern States on the Atlantic.

As physicians have learned through the mortality of their patients, the destructive influence of extreme cold on consumptives, it is to be hoped they may come to realize that great heat and humidity inducing debility and promoting inflammation, are equally, if not more fatal. If they would converse with those who have escaped threatened death from consumption by emigrating

FROM THE LOWLANDS TO THE PIEDMONT COUNTRY

the experience might prove instructive to them and useful to their patients. But whatever the efficacy of the Piedmont country, that of the Highland-plateau, especially in summer, is much greater. It has an advantage of the Piedmont and the lowlands, (especially the latter,) in altitude, dryness and coolness, of the coast-belt in altitude, and of Colorado in climate less extreme. It is the best place of resort for consumptives as yet known, in the United States. But let no one visit the Highlands with the expectation of finding an Eden-climate. We have no equable climate this side of California, except in the Southern half of Florida, and no Eden-climate except that of the coast-belt of California. If the invalid wishes to die as comfortably as possible, let him seek California.

But if he is not hopelessly ill, and if he wishes to acquire health and vigor, it is doubtful if he can find in the temperate zone, a climate more beneficial than that of the Highlands. It

is free from the malaria, with its attendant diseases, which prevails in the lowlands of the south and in California and which is felt even in the higher parts of Colorado; it is almost exempt from the pneumonia which is fatal in the lowlands of the south; it knows little of the rheumatism which afflicts the Rocky Mountains and the plains on this side, and it is as nearly exempt from consumption as any part of the temperate zone; and while its altitude gives it superiority over all lowlands, its plateau-character renders it more desirable than any valleys, however elevated, since these tend more than open areas to the production of consumption and fevers. If the air though dry, is less so than that of Colorado, it is to be remembered that there is such a condition as that of too great dryness, one that is capable of proving highly irritating to mucous, nervous and other tissues. No better constitution is developed in Europe than under the wet-blanket sky in which the Englishman is perpetually wrapped. Besides, the dust of Colorado and California is itself an irritant to the lungs.

Mr. White the postmaster at Highlands, has, at my request, made diligent inquiry as to the health of the native population, among whom he has found a remarkably

LARGE RATIO OF OLD PEOPLE,

and very little disease. After ten years' search he has discovered but one case of consumption, and one of rheumatism.

He himself while in Massachusetts, his native State, suffered from colds and an almost incessant cough. He was regarded by his physician as a hopeless case. At Highlands he is free from colds and coughs.

A young lady that I sent to Highlands, though hopelessly ill with consumption, experienced extraordinary improvement in consequence of her residence there. Her fever disappeared, her pulse fell from 120 to 80, her flesh, strength and color came back, and for six months after her return home she seemed entirely well.

But as people do not live by climate alone, readers may be disposed to ask what they can do to support themselves at Highlands.

At present, there is no demand for professional men, and little, if any, for mechanics. But land is cheap, and agriculture, which affords the basis of population and prosperity, offers a support to all who are willing to engage in it. Grass, fruit, the small grains, northern corn and the esculent roots, all grow luxuriantly.

The great altitude renders the country in this low latitude eminently favorable to the growth of grass; and there are grasses at an equal height on the mountains of North Carolina, which furnish grazing through the entire winter.

There is perhaps no other so fine dairy-region in the United States as this upland country, with its cool summers, its numberless cold springs, its succulent grass and its vicinity to the planting region of the South.

Nowhere is a country more favorable to the health of the sheep. At present, the range is extensive, and wild grass is abundant. An article in the *Louisville Courier Journal*, written by a gentleman from Massachusetts, represents it as the best wool-growing country in the United States.

Mr. Kelsey an experienced and skillful cultivator, thinks it surpasses any other part of the country for fruit-growing; and he has explored several States in order to select the most eligible location for this purpose.

As I have mentioned, land is cheap. But immigration has begun, and improvements are in progress. A saw-mill is in operation; a blind-and-sash-factory has been built, and lumber for a school house is in readiness. The inevitable consequence is that land is rising in value; and although it may not advance

“AS RAPIDLY AS CORNER LOTS IN CHICAGO,”

and thus fail to sustain the opinion expressed in an editorial by one of the staff of the *New York Tribune*, who visited Highlands, last summer, it will undoubtedly experience a steady increase; especially as the immigration bids fair to exceed, during this coming summer, all that has occurred in the previous history of the plateau. The immigrants too, are of a superior character, people who believe in public order, in churches and school-houses.

Only a few weeks since, my valued friend, Rev. Hugh Miller Thompson, D. D.; of New Orleans, bought 500 acres in Highlands, near the edge of the plateau, which his brother, Mr. John Thompson, of Joliet, Illinois, will occupy as a dairy-farm, and on which Dr. Thompson and his family will spend their summers. The North has not, any more than the South, any so delightful a place for a summer-residence as Highlands. It only needs to be known, to attract numerous families to select here their summer-homes, to be adorned with all that taste and wealth can supply.

Those who wish to make enquiry of residents at Highlands,

will find Mr. S. T. Kelsey and Mr. Baxter White, the post-master, very accomodating in the way of furnishing information.

Those coming to Highlands from the North and East, will take the Atlanta and Charlotte Air-Line road at Charlotte, North Carolina ; those from the North and West, will take it at Atlanta. In either case, they will leave the road at Seneca City, from which place Mr. Thompson of the Seneca livery-stable will take them to Highlands.

The A. and C. road traverses the Piedmont country in a line nearly

PARALLEL WITH THE BLUE RIDGE,

in sight of which it would be, through almost its entire course, but for the intervening forests. Its line passes through that region which Major De Forrest, after making extensive acquaintance with Europe as well as America, pronounced unequalled for the excellence of its climate and the development of the human being. No other railroad this side of Colorado gives access to so many picturesque scenes and to so many delightful summer-resorts, lifted up, as they are, from 1,500 to 2,000 feet above tide-water, with

AN ATMOSPHERE SO PURE AND HEALTHFUL

and outlooks so wide and grand.

From the windows of the Mt. Airy hotel, (at the highest point on the A. and C. road), the eye rests with pleasure on Yonah, piercing the air with its isolated cone, or upon Tray, lifting its mighty mass above its fellows.

But the summit of Tray is less than 400 feet above, and Yonah more than 900 feet below, the level of Highlands.

P. S.—Since writing this letter, I have learned that the case of consumption and that of rheumatism, occurred not at Highlands, but in valleys, five and six hundred feet below.

H. P. G.

METEOROLOGY IN THE SERVICE OF MEDICINE.—This is an excellent and interesting address delivered before the Austrian Meteorological Society, by D J. Schrieber, Lecturer on Climatology in the Vienna faculty. Translated by W. A. Geddings, M.D., of Aiken, S. C. Reprinted from the February No. 1878, of Richmond and Louisville Medical Journal.

Pædonosology.

THOMAS NICHOL, M. D., L. L. B., B. C. L. MONTREAL, CANADA, EDITOR.

APIS MELLIFICA IN DIPHTHERIA.

Diphtheria prevailed in Montreal last spring, subsided somewhat during the summer, and resumed its ravages in the fall with an increased mortality. The type has been very severe, and in one week one of the physicians of the Montreal General Hospital and one of the nurses in the same institution, died of the disease. All parts of the city have been ravaged, the higher streets on the slope of Mount Royal as well as the lower streets along the river's edge; but the largest number of cases and the largest mortality have been in Griffintown, a densely peopled part of the city built on ground once a swamp, on the edge of the St. Lawrence; in Point St. Charles, triangular in shape, bounded on one side by the river, on a second side by the Lachine canal, and having the third side open to the river breezes; and on the lower Lachine road which runs along the bank of the St. Lawrence. Old and repeated observations in Diphtheria have taught me that as a very general rule "*the nearer to great bodies of water, the more severe the type and the greater the mortality,*" and this has been again confirmed. During the spring of this year Kali Bichromicum was the remedy chiefly indicated, but in the fall and early winter Apis Mellifica has been the chief remedy, and a number of cases have been cured which, humanly speaking, were beyond hope.

In Dr. F. G. Oehme's very able *brochure* on the therapeutics of Diphtheria, he remarks:—"There seems to be a greater discrepancy in the quality of the different preparations of Apis than of any other medicine. Physicians have often found one

preparation useless, but another very effective, and have drawn attention to this fact." In the fall I used Apis 4th and 6th dilutions of the mother tincture, but soon noted that even when well indicated it was ineffective, so I administered a trituration of the entire bee, given me by my friend Dr. Maurice H. Utley, formerly of Montreal, now of Saratoga Springs, N. Y., 5th and 6th decimal, with remarkable success.

On Nov. 20th, 1877, I was called to W. S., a boy æt 9 years. He had flying chills followed by great heat with debility; pulse 108; temperature in the axilla, $102\frac{1}{2}^{\circ}$. The throat was very red with difficult deglutition and severe pains, felt even when not swallowing. I prescribed Apis Mel. 5th dec. trit., one grain in eight teaspoonfuls of water, a teaspoonful every hour. At the same time I ordered the Grauvogl gargle, composed of equal quantities of spirits of wine and water, every two hours during the day, together with a diet exclusively of milk. For two days the situation remained almost unchanged, but on the morning of Dec. 23rd, a thick yellowish diphtheritic exudation covered the uvula, tonsils and pharynx, while the tongue had a thick yellowish coating with inflamed papillæ and a high degree of fetor. The diphtheritic membrane was of the consistence of clotted cream, of a yellowish color, closely adherent to the subjacent mucous membrane, and of a fetid smell. The fever increased and the morning temperature averaged $102\frac{1}{2}^{\circ}$ and the evening $103\frac{1}{2}^{\circ}$. No solid food could be taken, and small quantities of milk formed the sole nourishment. The Grauvogl gargle was continued, though it caused intense pain each time that it was used. The weakness and prostration increased to an alarming extent, and the characteristic bluish tint of the face was distinctly marked. The nostrils now became affected and poured out a thin fetid sanies. On Nov. 28th, the membrane extended lower down the pharynx, and on the following day the hoarse and croaking voice announced that the larynx was at last involved, and this was

confirmed by the stethoscope. Apis Mel., was now given in grain doses of the 5th dec. trit., dry on the tongue, every two hours. On Nov. 30th, the voice was entirely suppressed, with a hoarse and difficult cough, accompanied by the expectoration of small quantities of membrane. On Dec. 1st, the uvula began to shed its membrane, and during the five following days an astonishing amount of membrane was partly expectorated, partly vomited. Notwithstanding the very serious state of the larynx, no change was made in the remedy, except that the Grauvogl gargles were discontinued. On Dec. 6th the tonsils and pharynx were almost clear of membrane, the voice returned, the laryngeal cough became softer, and the patient—very wan and prostrate—entered on convalescence. Throughout the entire progress of the disease, the patient presented Guernsey's key-note symptom, "Puffiness about the eyes." Dismissed on Dec. 8th, no remedy but Apis having been used.

Dr. Oehme remarks of one of the cases which he cites. "The recovery was too slow to be convincing," but I can assure my learned colleague—and no man appreciates his learning more than the present writer—that I made a most careful survey of the case every day, that nothing better could be done with any other remedy, and that the recovery was a surprise to all who watched the case. This case strongly confirms Dr. Oehme's weightywords:—"Because no physician has found Apis of no benefit in diphtheritis of the larynx, it does not follow, that it will be thus in *all* cases, as we cannot expect *one* drug to be the *only* remedy for this disease. When we take into account the following symptoms: "Voice grew hoarse; breathing and swallowing very difficult; difficulty of swallowing not caused by the swelling of the throat, but by the irritation of the epiglottis; sensation as of a rapid swelling of the lining membrane of the air-passages; rough voice; speaking painful; hoarse cough; intense sensation of suffocation, could bear nothing about the throat; hurried difficult respiration;

laboured inspiration as in croup, etc.; we see no reason why it should be neglected in such cases."

In addition to this very severe case, I treated with Apis Mel., alone, a number of cases of less severity, possessing these characteristics in common. A moderate chill was followed by great heat, with absence of thirst; hot, flushed face with suffusion of the eyes; redness of the pharynx and adjoining parts, followed in forty-eight hours by a yellowish-gray exudation of the consistence of clotted cream, with offensive fetor; when the membrane was cast off the mucous membrane was swollen and raw, sometimes ulcerated, more rarely gangrenous; the tongue coated yellowish with inflamed papillæ; swelling of the glands of the neck; extreme debility, continuing long after the patient was convalescent, and, lastly, most of the cases presented the key-note symptoms pointed out by Dr. Guernsey, of Philadelphia, "puffiness about the eyes; an eruption appears upon the skin, which itches and stings." All these cases—nine in number—were treated with Apis Mellifica 5th and 6th dec. trit., and all recovered.

T. N.

SUDDEN DEATH AFTER BURNS BY PROF. PONFICK.—Ponfick observed in consequence of intensive burns a rapid dissolution of the red blood globules in small colored particles, which disappeared after shorter or longer intervals in order to cause severe disturbances in most different organs, especially in the kidneys—appearance of cylinders in the urine, obstruction of the urinary canaliculi, fatty degeneration of the epithelia, etc. Another part of these fragments is taken up by the pulp of the spleen and the marrow of the bones. The sudden and rapid disintegration of the red blood corpuscles causes the rapid death after severe and intensive burns and the question arises, whether transfusion may not be permissible in such cases.—*Berl. K. W.* 46, 1877.

Pharmacology and Posology.

EDWIN A LODGE, M. D., DETROIT, MICHIGAN, EDITOR.

ABSURD AND DISGUSTING REMEDIES.

In the *Nashville Medical Journal*, Dr. Merriwether Lewis gives a list of choice remedies in popular use in East Tennessee, some of which have the odor of remote antiquity, whilst others are doubtlessly indigenous to that primitive locality. For asthma in a child, bore an auger-hole in a tree at the height of the child, place a lock of hair in the hole and drive in a pin. As soon as the child grows higher than the pin he will be cured. Another cure for asthma is to eat a cooked rat. For thrush, let some one who has never seen his father blow three times in the patient's face. This treatment is said to have created a demand for illegitimate children. For teething, rub the gums with the brains of a live rabbit. For cramp, nine "sow-bugs" at a dose. For hernia in a child, split a sapling, pass the child through the split and tie up the split. As soon as it is winter the child will be well. For burns, rub with the hand of a dead man. Many other equally absurd and disgusting remedies are mentioned. Until within a century or less, many such agents had a place in the regular materia medica. In the advance of knowledge they have been discarded from regular practice, and the only place any of them now hold under the sanction of respectability is in that reformed, refined, dainty and ethereal system called homeopathy. Witness the louse, the bedbug, the cockroach, mad-dog poison, rattlesnake poison, small-pox scabs, and other similar delicacies, which shed a brilliant luster on the homeopathic materia medica!

"Absurd and Disgusting Remedies" do not properly belong to homœopathy, they are more properly *isopathic*. They have no place in our recognized Materia Medica, and their use is not general among our practitioners.

But how is it in

"YE ANCIENT SCHOOL."

Allopaths frequently pride themselves on being the representatives of a mode of practice as "ancient as it is honorable, and peculiarly *pure* and regular." We give below a few "specimens" of the purity.

Armaldu Villanovanus, professor at Barcelona, towards the close of the 13th century, was esteemed the greatest Spanish physician of his age, and on that account was consulted by Peter III. of Arragon.

In order to obtain the entire confidence of the patient, he directs that the physician should make very mysterious statements, and that these should in all cases be reiterated with the utmost confidence. "Very likely," he says, "you may know nothing about the patient's disorder; never mind, tell him he 'is suffering from hepatic obstruction.'" "No, sir," he will perhaps reply, "I have a headache." Tell him this proceeds from the liver, and be sure to use the term 'obstruction,' because they don't know what it means, and *that's a point of great importance.*"

Dr. Sherley, court physician, is said habitually to have given Calomel in 20 grain doses, and amongst his elegant compounds were enumerated such delicacies as "raspings of a human skull, *unburied*," and for hypochondriacs the "balsam of bats," in which he incorporated worms, whelps and adders.

Dr. Bulleyn, another famous physician of "ye ancient school," prescribed for a certain nervous malady in a child, a small young mouse, roasted, and advises "snails sodden in white wine with oyle and sugar as very holsome, because they be hoat and very moist, for the straightness of the lungs and *cold cough.*"

"*Human Fat, Sweat and Saliva* are all retained in the dispensatory of Quincy. Pomet says, 'As everybody knows, in Paris, the public executioner sells it to those who want it; so the druggists and apothecaries sell very little. Man's grease is emollient, discussive, anodyne, and anti-paralytic. It is good against gout, etc.'

"*Human Ear-wax*, says Paulus Ægineta, 'cures fissures of the skin about the roots of the nails.' Pliny assures us that the wax of the ears cures bites inflicted by men; also the bites of serpents and scorpions, if applied immediately to the part affected. It was applied to weak eyes, to boils, wounds, inflammations, tumors of the joints, etc.

"*Human Urine*.—Quincy remarks, 'Some have got a notion of this being good for the scurvy, and drink their own water for that end. Some commend it boiled to the consistency of honey, for rheumatic pains, rubbing it into the parts affected, in which case it may do good, because it cannot but be very penetrating.' Hartman says (*Opera fol.*, p. 72) he has often witnessed among the poor that difficult labor has been accelerated by a draught of the husband's urine.

"*Human Dung*,' says Dr. James (*Med. Dict.*) 'applied fresh, preserves wounds from inflammation, and at the same time conglutinates them; dried and rubbed on the parts, it is reported to give relief under the quinsy.'

"*The Human Secundines*, or after-birth,' says the same author, 'is reported to be of some use in medicine. Thus it is ordered to be applied warm, as it comes from the uterus, to the face, in order to remove freckles. A water is also distilled from it, for destroying spots and blemishes on the face. When dried, and reduced to a powder, it is used internally against epilepsies; for accelerating the delivery of

the foetus, and allaying the pains of wounds. The dose of the powder is from one-half to two scruples.

"The *penis* of the stag, according to Pomet, was said to be of singular use in medicine. But the stag must be killed in the time of coition; for by this means it is of the greatest efficacy in stimulating to venery, owing to the hot disposition of the animal. A drachm of it with a poached egg, and a small quantity of generous wine, proves a very powerful stimulus to venery; also as a powder, rubbed on the testicles. If the stag is killed at any time except when in the act of copulation, its penis is an excellent remedy against dysentery and pleurisy, either in the form of a powder of ʒss. to ʒj. or shaven down. It is also used in decoction, and prepared in a jelly, for the cure of colic and hysteria. Dioscorides tells us that those who are bitten by vipers receive relief by the penis of a stag, triturated and drank with wine.

TRITURATIONS.—Dr. H. A. Cleland, one of the editors of the *Detroit Lancet*, in their February No. makes the following sensible remarks:

The *Medical Record*, December 1st, contains a well written and sensible article by Henry G. Piffard, M.D., of New York, on the use of "Certain Triturations," in which he compares the advantages of such over the solid form in which many pharmaceutical preparations are dispensed. In these triturations the drug is in a condition of extremely minute subdivision, in which condition, it is claimed that many drugs, considered insoluble, can be absorbed without undergoing solution; that those possessing irritating properties to the gastric mucous membrane, are less liable to exert this effect, and that the dose can be sensibly diminished as the drug in this form is more active. He recommends the homœopathic formulæ of the decimal and centesimal scales, as a convenient one for preparing these triturations, and states, that he has employed with satisfaction, mercury and its salts, iodide of sulphur, sulphide of calcium, ferrum reductum, etc., and suggests that many vegetable substances might with advantage be kept in these forms, as morphine, codeine, elaterium, etc.

This article, written in a truly scientific spirit (which overlooks no source where a germ of truth may be found), gives "due credit to the homœopaths for their development of this class of pharmaceutical preparations, yet sees no reason why they should any longer have the monopoly of their use." It should stimulate inquiry in a similar direction, as, perchance, amongst the rubbish of this effete (?) system of medicine, may be buried many grains of truth which might prove useful in the cause of legitimate science. We are apt to think that do good can come from such a source, and to discard as worthless really valuable suggestions coming from it. But this is a pretty, illiberal spirit, unworthy of a true physician, who should be eager for truth in whatever garb presented, who should be willing to prize a fact wherever it originates.

Book Notices, Etc.

CLINICAL THERAPEUTICS. By Temple S. Hoyne, A. M., M. D.
Containing Conclusion of Arsenicum, Calcarea Carb, Mercurius Solubulis, Vivus, Dulcis, Corrosivus, and part of Nitric Acid.
United Medical Investigator Press, Chicago.

This, the fourth number of the series, is just received. The work shows that much pains has been taken to make it a reliable clinical guide. The cases are clearly stated, and no candid reader can fail to see that most of the ~~cases~~ are undoubted effects of the drug administered. It looks now as if the time was fast approaching when the Materia Medica may be studied without the mind becoming hopelessly confused in a maze of drug and clinical symptoms. The work before us is a much needed aid in that direction, and cannot fail to meet a hearty welcome in the office of every practitioner of Homœopathy.

J. D. C.

MENSTRUATION.

Wm. Jefferson Guernsey, M. D., of Philadelphia, presents, in seventeen 12 mo. pages, a new and ingenious arrangement of the symptoms of the leading homœopathic remedies in relation to the menses. It will doubtless prove to be quite a convenience to the prescriber.

RAND, McNALLY & CO'S SERIES OF INDEXED POCKET MAPS

Are handsomely printed in colors and neatly bound in flexible cases, with complete ready reference index of all Towns, Villages, Railroads, Express Companies, Rivers, Lakes, etc., etc., by which any point can be located on the map as readily as a word can be found in a dictionary. Fifty cents each. California, Nova Scotia, New York, Ontario and Texas, seventy-five cents each. Address them at Chicago, Ill.

THE CULTIVATOR AND COUNTRY GENTLEMAN.

This admirable magazine well retains its high reputation year after year. The number before us for April 25th, 1878, is 1317, being the 48th year of the combined papers. It is a four columned quarto of 16 pages, well filled with choice articles relating to the farm and garden. Published weekly by Luther Tucker & Son, of 305 Broadway, Albany, N. Y.

DIRECTORY OF HOMŒOPATHIC PHYSICIANS OF NORTH AMERICA.

Dr. Pettet, of Cleveland, Ohio, deserves great praise for the painstaking labor he has extended in compiling this the largest directory that has been published of our school of practice.

DISEASES OF THE BRAIN AND EYE. A Systematic Treatise for the use of General Practitioners and Students, with Numerous Tables and Illustrations. By C. P. Hart, M. D. Published by Edwin Albert Loage, American Observer Office, 428 pp, 1878. Price \$3.50, with the Observer for this year, \$5.00.

The author has endeavored, in this first volume of his work on Practice, to bring out a text book on Diseases of the Brain and Eye in a concise, clear and practical treatise, which includes the more recent discoveries in these respective branches of which it treats, up to the present time.

His aim seems to have been to rid the subjects of the abstruseness and prolixity which such works as Stellwag on the eye, or Zeimssen's Encyclopedia abound in, and to make the book plain and simple for the general practitioner and student, deeming it probable that experts will confine themselves to the more elaborate works on their specialties.

In his preface he makes the following remark: "We opine that the chief reason that the general profession is as a body so lamentably ignorant of Ophthalmology is not in consequence of the abstruseness of the science, for this is no greater than that of any other department of medicine and surgery; more especially since the discovery of the Ophthalmoscope, the use of which has greatly simplified the subject, and rendered many parts of it much more definite and easy of comprehension. But we are of the opinion that the reason of this acknowledged incompetency lies chiefly in the paucity of suitable manuals."

Under Brain Diseases, he gives a series of tables in which are condensed the different forms of each disease with synopsis of the remedies specially adapted thereto.

Under the subject of Acute Hydrocephalus, he tabulates the four stages of the disease with the symptoms in different parts of the body, as they occur in each distinctive period of its progress.

The organic and functional brain diseases are left to be considered under nervous affections in the second volume yet to be issued.

The various forms of conjunctivitis, keratitis and iritis are well treated of.

The ophthalmic portion of the work is well illustrated with cuts, and the therapeutic indications for the homeopathic remedies are very clearly marked out under each disease.

The work is well worthy a place on the table of every practitioner and student

B. W. J.

DISEASES OF THE EYE. By Henry C. Angell, M. D. Fifth Edition. Boericke & Tafel. 1878.

No better evidence need be adduced of the rapidly increasing interest manifested by the profession in Ophthalmological science, than the almost simultaneous appearance in our school of two popular works on the subject, namely, Hart's and Angell's. The former, as our readers are aware, is an entirely new work, and we are glad to know, is being received with great favor by the profession. The latter is the well-known work of Angell, the fifth edition of which is before us. But few changes have been made in the text, but these few are important. The most prominent is the explanation of the "dioptric system" of lenses, the unit of which is the French metre. The author proposes in a future edition, to facilitate its application, by making "the numbers over the test-types to correspond to the distance at which they should be seen in metres instead of feet," as at present. Some of the old illustrations have given place to new ones, which add materially to the artistic appearance of the work.

Although the therapeutic portion of the treatise remains the same as heretofore, it is unnecessary to make invidious comparisons. Each of these works possess merits peculiar to itself, and both students and practitioners will find no difficulty in selecting the one best adapted to meet his requirements.

HOYNE'S ANNUAL DIRECTORY of Homœopathic Physicians in the State of Illinois for the year 1878. Published by T. S. Hoyne, 817 Wabash Ave., Chicago.

Prof. Hoyne publishes his directory with customary promptness. It is a very useful publication, correct and comprehensive.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER.

REGULATIONS.

1. This Journal is published on the first of each month, and sent, *postage prepaid*, at \$2.50 per year in advance; 2 copies at \$4.50, over two at \$2.00 each, to any addresses ordered.
2. All subscriptions commence with the volume (January of each year).
3. It is supplied to Pharmacies, News dealers and Medical Students, at \$2 per year.
4. Single numbers of the current year will be mailed at 25 cents each.
5. BACK NUMBERS required by our subscribers to complete their sets, will be mailed at 15 cts. each. Back volumes will be sent, as far as practicable, at \$1.50 unbound, and \$2.50 bound, postage prepaid. First series, 10 volumes, unbound, \$15.00, bound \$22.00.
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9. All subscriptions are considered "*Perpetual*" until notice is given to discontinue, and such notice must be accompanied with payment of all arrearages.
10. NOTICES OF REMOVAL should be given promptly. Although the Law distinctly requires all who receive a periodical regularly, to pay for it, whether he has subscribed or not, we are frequently annoyed, when we have been sending the Journal in good faith, to be told that the Doctor to whom it is addressed, has moved away, and the physician, who takes it from the post office, will not pay for it, as he never ordered it.
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EDWIN ALBERT LODGE, DETROIT, MICHIGAN.

PLANTAGO MAJOR—A TOBACCO ANTIDOTE.

BY H. C. ALLEN M. D., DETROIT, MICH.

When in New York about two years ago, my attention was first called to the fact that Plantago was a tobacco antidote, by E. M. Kellogg M. D., who however threw upon Dr. Swan the responsibility of the statement.

A careful study of its pathogenesis, and the result of numerous clinical experiments on medical men and others, where its exhibition has been attended with the happiest results, have induced me to bring this fact to the attention of the profession. I do not recommend it as a "cure-all" for the tobacco disease; neither do I expect that it will even receive a fair and honest trial by many who may be "wedded to their idol," as I know there are none so incredulous as those who decline to investigate a statement or fact simply because it may conflict with their preconceived opinions, or interfere with their personal tastes or gratification.

Nevertheless it may become the means of assisting a few who may be compelled by necessity rather than choice, to abandon the use

of "the weed." Where there is a will, *Plantago* may help find a way. Its greatest relief will probably be found in its ability to furnish a means of relief from the terrible craving and longing for the accustomed narcotic stimulation. That *terrible restlessness* from which the victim suffers when he first abandons the narcotic, is a very pronounced mental symptom of *Plantago*, and will probably afford the key note for its administration in the majority of cases. I append a few of its more prominent mental symptoms from Hale's *Symptomatology*, fourth edition.

"General depression and despondency, though the weather is bright and beautiful.

Impatient and restless mood, with dull stupid feeling in the brain; very irritable and morose temper; worse in the evening.

Feeling of great prostration, with a meditative mood, and inability to associate the mind with any external object.

Attempting to exercise the mental faculties would increase the depression.

Great mental anxiety, pacing backward and forward in the room; then throwing one's self on the bed and rolling from one side to the other in the greatest mental agitation.

Sleep with the most horrible and frightful dreams, which awaken me.

Mind inactive, with a dull muddled feeling in the head."

The symptoms of the head and face also resemble the *nicotine* disease; but it is in the neuralgic group of the jaws and teeth that great benefit will be derived even by the inveterate tobacco user; it is as certain to relieve the tobacco odontalgia, as *Nux vom.* is the headache of the debauchee. In fact, it is almost without a rival in our *Materia Medica* for neuralgic affections of the jaws and teeth; but they, of course, must have the characteristics of *Plantago Major*.

Dr. Reutlinger says,*—"About seven tenths of the cases of odontalgia which have come under my treatment, have been cured by the administration of this remedy, *in about fifteen minutes.*" (Verified by Prof. Hale.)

Dr. Humphrey says,—“I have for many years used the *Plantago* successfully in various forms of odontalgia. I doubt not that this use

* See this Journal for 1869, page 140.

of the Plantago has been confirmed by all who took part in the proving during these intervening years."

In addition to this the admirable array of symptoms given by Prof. Hale in the last edition of his work, ought to satisfy the most sceptical, and justify its trial, at least in tobacco toothache.

I have usually prescribed it in the 3rd or 6th dilution, but it may be used in drop doses of the tincture. I have never used it in the higher dilutions, but should not hesitate to do so if the remedy was indicated, and the lower dilutions failed me.

NEW YORK STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.

MIDDLETOWN, N. Y., February 20th, 1878.

Edwin A. Lodge, M. D., Editor American Observer ;

DEAR DOCTOR,—It affords me pleasure to present a few notes concerning the Institution under my charge.

The following statistical table is excerpted from the Superintendent's Report for the year ending November 30, 1877. The whole number of patients admitted to this Asylum from date of opening, June, 1874, to November 30, 1876, was..... 281
 Whole number discharged up to that date..... 195
 Discharged recovered..... 86
 Percentage of recovery on those discharged 43.8
 Number of patients remaining November 30, 1876..... 85
 Admitted during the year ending 1877..... 143
 Whole number treated during the year..... 228
 Discharged recovered..... 46
 Improved..... 21
 Unimproved..... 18
 Died..... 14
 Not insane..... 1
 Whole number discharged..... 100
 Number remaining in the Asylum, November 30, 1877..... 128
 The percentage of recoveries on the whole number discharged was 46, while 67 per cent of those discharged were either recovered or very much improved.

The percentage of deaths on the whole number treated is 6.1.

I have recently received reports from ten asylums, for the year 1877. These asylums are scattered over the country from Maine to California, and I ascertain that the average percentage of recoveries in these institutions, on the whole number discharged, is 39 per cent.

The average death rate in these institutions has been 8 per cent.

Thus you will see, by comparing the "Statistics" of these institutions with those of the Homœopathic Asylum for the Insane, we stand in a very favorable light, both as regards the per-centage of recoveries and the per-centage of deaths.

Permit me just here to make a brief quotation from the report for 1877—a quotation which will explain itself:

"Our methods of treatment are, of course, somewhat peculiar. At least they differ widely with the long established modes of treating the insane, *i. e.* medically. As in the past so now we resort to no palliative treatment for our patients, in the form of hypnotics or anodynes. We rely exclusively upon the single Homœopathic remedy, selected with care according to the law of cure. Such potencies in medicine are used as are deemed most likely to effect a restoration to health in those to whom they are administered. The range of these potencies is limited only by the dictates of careful judgement, and the teachings of successful experience."

With our present facilities we are enabled to take private patients from any State in the Union.

We can do this until those particularly specified by the laws of this State shall have filled our wards. Thus, at present, all who desire Homœopathic treatment for friends, who have unfortunately become insane, can have it by sending them to this Asylum.

The present officers of the Asylum are:—Selden H. Talcott, A. M., M. D., Medical Superintendent; Alonzo P. Williamson M. D., First Ass't Physician; N. Emmons Paine A. M., M. D., Second Ass't Physician; Miss Georgia Horton, Lady Ass't; John Cochran, Steward; Mrs. S. W. Buell, Matron.

Dr. W. M. Butler, the former assistant physician, who has been traveling and studying in Europe during the past year, will return to his post, May 1st, and Dr. Williamson will then go abroad to pursue the study of pathology in German universities, during the coming year.

The New York State Homœopathic Medical Society hold their next semi-annual meeting at this Asylum, in September next.

Very resp'y yours,

SELDEN H. TALCOTT.

HAHNEMANN MEDICAL CLUB.

FIFTH ANNUAL REUNION.

The Hahnemann Medical Club, of Philadelphia, April 10, 1878, celebrated the birthday of Samuel Hahnemann, M. D., who was born on the 10th of April, 1755, at Meissen, in Saxony, and was the founder of the system of homœopathic medicine. The occasion was also the fifth annual reunion of the Club. Special invitations were extended to the surviving Professors of the Allentown Academy of Medicine, the first homœopathic institution in the world, also to the faculty of the Hahnemann Medical College of this city, and to the members of the Chester, Delaware and Montgomery counties Medical Society, which organization held its annual meeting in this city during the day, together with a limited number of physicians. The meeting was held at Morse's Parlors, on Arch street. The literary exercises commenced at 8 o'clock with an address by the President, Prof. R. J. McClatchey, M. D. Many of the old veterans were present, and among them Constantine Hering, M. D., the oldest practitioner in the city. Henry Detwiller, M. D., of Easton, who made the first homœopathic prescription in the State. Medical essays were then read as follows, by members of the society, and discussions entered into upon each one, the invited guests taking part in the exercises:

1. COCA AS A SUBSTITUTE FOR STIMULANTS—By Pemberton Dudley, M. D. Discussed by Ernest A. Farrington, M. D.
2. HEART DISEASES—MITRAL INSUFFICIENCY—By Bushrod W. James, M. D. Discussed by Augustus Korndorfer, M. D.
3. CHOREA—By Wm. H. H. Neville, M. D. Discussed by Pemberton Dudley, M. D.
4. BROMIDE OF POTASSIUM—By Augustus Korndorfer, M. D. Discussed by Mahlon M. Walker, M. D.
5. CHRONIC URETHRITIS—By John E. James, M. D. Discussed by Wm. H. H. Neville, M. D.
6. MEMBRANOUS CROUP—By C. S. Middleton, M. D. Discussed by A. H. Ashton, M. D.
7. NEPHRALGIA—By Mahlon M. Walker, M. D. Discussed by Bushrod W. James, M. D.
8. SPASMUS GLOTTIDUS—By Ernest A. Farrington, M. D. Discussed by C. S. Middleton, M. D.
9. GALVANO CAUTERY—By B. F. Betts, M. D. Discussed by John E. James, M. D.

A collation was partaken of about 10.30 o'clock. An abundance of humor and a flow of sentiment enlivened the remainder of the evening, making it one of the most sociable and enjoyable events of the season.

Among the early events of homœopathy in this State we may mention the following:

July 24, 1828, Dr. Henry Detwiller gave the first dose of homœopathic medicine administered in the State of Pennsylvania.

In 1830 Dr. John Romig, a young allopathic physician with an extensive practice, adopted as his guide the new law of similia similibus curantur. April 10, 1833, the first Hahnemann Society was founded in Philadelphia. In 1834 Dr. Constantine Hering came from Paramaribo, South America, to Philadelphia,

where his fame had long preceded him. The Homœopathic Society of Northampton and adjacent counties was founded August 23, 1834, of which Drs. Wesselhoeft, John Romig, Henry Detwiller, E. Freytag and Joseph Pulte were members. This society decided to establish a homœopathic school of medicine, and appointed a committee composed of Drs. Wesselhoeft, Henry Detwiller and John Romig to proceed to Philadelphia for the purpose of inviting Dr. C. Hering to become the President of the new school to be founded at Allentown, Pa. The academy was founded April 10, 1835 (Dr. Hahnemann's birthday), under the title of The North American Academy of the Homœopathic Healing Art.

May 27, 1835, the corner-stone of the building for the school of homœopathic medicine at Allentown was laid; Dr. Hering delivered the inaugural address. The faculty consisted of Drs. C. Hering, W. Wesselhoeft, Eberhardt Freytag and John Romig. The first honorary member elected was Dr. Samuel Hahnemann, April 10, 1835.

Dr. Hahnemann published his organ of medical principles in 1810, and died in the city of Paris in 1843, where he had built up an extensive practice.

The club is composed of twelve physicians in active practice, each of whom has a specialty in the society, on which he is authority, and to whom knotty questions are submitted for solution when they come up at the club sessions. Every member must work and submit papers from time to time for investigation and discussion.

The following is a list of the names of the members at the present time, together with their specialties:

- J. G. Howard, M. D. Obstetrics.
- A. H. Ashton, M. D. Hygiene.
- R. J. McClatchey, M. D. Diseases of women and children.
- Bushrod W. James, M. D. Heart and lung diseases.
- Pemberton Dudley, M. D. Physiology and nervous diseases.
- Wm. H. H. Neville, M. D. Sanitary Science.
- Mahlon M. Walker, M. D. Pathology.
- Augustus Korndorfer, M. D. Therapeutics.
- John E. James, M. D. Surgery.
- C. S. Middleton, M. D. Clinical Medicine.
- Ernest A. Farrington, M. D. Materia Medica.
- B. F. Betts, M. D. Gynecology.

WISCONSIN STATE HOMŒOPATHIC MEDICAL SOCIETY.—The fourteenth annual meeting will be held at Milwaukee on Thursday and Friday, June 13th and 14th, 1878. Officers—President, H. L. Bradley, M. D.; Vice-President, H. B. Dale, M. D.; Secretary, O. W. Carlson, M. D.; Treasurer, E. F. Storke, M. D.; Censors, A. H. Dorris, M. D., M. F. Page, M. D., and L. A. Bishop, M. D. Extract from by-laws on the conditions of membership: "Any person having the degree of Doctor of Medicine from a respectable medical college may become a candidate for membership in this Society by obtaining a recommendation from the Board of Censors." "His application shall state when and where he graduated. A vote of two-thirds of all the members present shall be required for the election of a candidate." The meeting will be held at the Newhall House. Members of the Convention will be charged \$2.00 per day.

O. W. CARLSON, M. D., *Secretary*,
425 Milwaukee Street, Milwaukee.

MISSOURI INSTITUTE OF HOMŒOPATHY AND KANSAS AND MISSOURI VALLEY MEDICAL SOCIETY will meet at Kansas City, Mo., May 1st and 2d, 1878.

UNIVERSITY OF MICHIGAN HOMŒOPATHIC
COLLEGE.

For some months there has been a most unfortunate dissension in this college. We have not referred to it before in this journal, because we trusted that wise counsels would prevail and the difficulty be healed. Instead of the restoration of harmony, several physicians have been induced to sign a petition to the Board of Regents for Prof. Jones' removal. We think this step was not only ill advised, but that it was discreditable to them and an unfairness towards the professor. To decide a matter or answer it before one hears it is a folly and a shame. The condemnation of Prof. Jones unheard, and upon *ex-parte* statements was most unfortunate for all concerned, and the petition, based upon such representations, should have no effect upon the Board of Regents.

Prof Jones did not seek the position. When the profession wanted the right man for this professorship attention was soon directed to Dr. Jones. Dr. Dunham recommended him very strongly and urged his acceptance. He knew that he was admirably adapted to fill the chair with honor and profit. We are confident that every reasonable expectation has been realized. Allopathic professors have been compelled in simple justice to acknowledge that Dr. Jones is the best read in general medical literature. The peer of any they can produce. He has given honor to our school in Michigan, and it would be a most serious loss to our cause if he should be removed. Our enemies would rejoice and our friends deeply regret that they had been misled. As to his eminent qualifications no reader of this journal needs information. As to his methods of teaching we will refer to the first article of our June number, which will be issued promptly. As to his moral status and bearing as a gentleman, he commands general respect and esteem at Ann Arbor and where ever known. Eminently truthful and honorable, sound to the core, we pass by his slight errors and want

such friendship as his for life. No one can persuade us he could be guilty of a dishonorable act, or willingly do a wrong to a living soul.

The words of Profs. Dunham and Dake are more than an offset against all that Dr. Jones' enemies can possibly allege. Dr. Dunham's endorsement outweighs all unreasonable opposition.

We will now introduce to our readers an article by Prof. Dake, which he sends us for publication :

UNIVERSITY OF MICHIGAN.

A DEPARTMENT OF ORIGINAL MEDICAL INQUIRY.

DR. DUNHAM'S LATEST VIEWS REGARDING THE IMPROVEMENT OF MATERIA MEDICA.

BY J. P. DAKE., M. D.

The profession is quite well informed regarding the struggles for the establishment of the chairs of Homœopathy in the University of Michigan, and of the great efforts of the American Medical Association to frighten the regents, by the threatened ostracism of the old faculty of the Medical Department, in case of their association with Homœopathic teachers, and of the uncertainty as to what would be the status or end of medicine in the University.

It was at the beginning of 1876, while in correspondence with Prof. S. A. Jones, at Ann Arbor, and Dr. Dunham, at his home on the Hudson, I proposed that an effort be made, in the event of the failure to have a school for the teaching of the ordinary branches of medicine in the University, to secure the establishment, under State patronage, of an experimental school or college of drug provers, after the plans which I had submitted to the American Institute from the Bureau of Materia Medica.

I urged the experimental department—the original investigations—as more important to the State, as well as medical science, than the teaching of things already known and commonly taught in medical schools throughout the land.

In reply to a long letter, setting forth such views, Dr. Dunham wrote as follows :

IRVINGTON-ON-HUDSON, }
February 25th, 187 . }

J. P. DAKE, M. D., NASHVILLE, TENN.—*My Dear Colleague* :—I duly received your letter about Michigan affairs, and have only to say that your views of matters connected with the Michigan University, and with medical education generally, meet my approbation fully.

The more I ponder your propositions about what might be called a Physiological Experimental School of Pharmacodynamics, the more convinced I become that you are right, and that our needs and our policy should lead us to work for the establishment of such a school,

At first, two years ago, I was opposed to the project, as it then presented itself to me. That was before I read your first article.

Now, then, I am ready to follow your lead and to second such efforts as you may think suitable to make at any time. * * * *

Yours very truly,
CARROLL DUNHAM.

But the efforts of the American Medical Association proved abortive.

The old medical faculty was not over-awed, nor the regents moved from their purpose to carry out faithfully the mandate of the Legislature of the State, in the establishment of Homœopathy in the University. Not only were our chairs of *Materia Medica* and of Theory and Practice continued, but one other lectureship, that of Surgical Therapeutics added.

At one time it seemed that the meagreness of the salary paid would not justify Prof. Jones in remaining at Ann Arbor, and Dr. Dunham expressed to me his great regret at the prospect of the professor's leaving the University, especially as he had looked forward fondly to the inauguration of an "*Experimental Laboratory*" in connection with the chair of *Materia Medica*. He expressed his firm conviction of the necessity of such a laboratory, and his fullest confidence in Prof. Jones as its manager. He proposed, if necessary, to contribute one hundred dollars a year for the maintenance of such experimental work.

In closing, I wish to say that the late publication of the provings of Picric Acid, in the August issue (1877) of the American Homœopathic Observer, shows how wise were the views and purposes of Dr. Dunham, regarding the work to be done by Prof. Jones.

The well earned fame of the University of Michigan in the department of *Astronomy* may yet be eclipsed by her fame in the department of *Original Medical Research*.

The above was sent to Mrs. Carroll Dunham too late for insertion among the papers of her lamented husband. It was intended to show his latest views regarding the improvement of our *Materia Medica*.

I now give the paper to the profession through the OBSERVER, hoping that it may stimulate the friends of the University and of medical progress, to a full and strong support of Prof. Jones in his experimental work.

It is not enough that the chair of *Materia Medica*, in the Homœopathic department, be filled by one competent to tell what is now known regarding the properties and uses of drugs. There should be one there, as at present, qualified to *originate and extend*, as well as to disseminate knowledge.

In Prof. Jones the University has no *servile imitator nor foolish theorist*; but a teacher broad and fearless in his grasp, well up in the best medical literature of the day.

THE HAHNEMANN COLLEGE OF PHILADELPHIA.

EDITOR OF AMERICAN OBSERVER.—*Dear Doctor*:—In the March number of the OBSERVER, in the reply of Prof. Jones to Dr. Lippe, appears the following sentences to which I, a recent graduate of the college to which the professor evidently refers, take exception, being convinced that it conveys an impression that is not warranted by the facts.

The objectionable sentences are these: “* * * * * and the truckling of our medical colleges for the students of that little clique has left it for ‘a professor in a great university’ to tell this plain truth. This ignorant and impudent assumption has been the sole capital of some colleges, and the alumni product is to this day only a caricature of the physician—a callow brood to which chemistry, physiology, pathology, and even the history of diseases are abominations to be avoided in the name of homœopathy. This suicidal assumption has been recognized, yes, felt, by other colleges in the miserable quality of its matriculates, yet which of them has put one earnest, outspoken condemnation on record?”

With the quarrel of the doctors I have nothing to do, and do not desire to enter the lists as a combatant, but only write to correct a false impression that might be made by the matter quoted.

During the last winter's course of lectures in Hahnemann Medical College, Philadelphia, Prof. McClelland delivered himself, as near as I can remember, in these words :

"You are not to go out into practice as Homœopathicians, but as physicians, and while I defer to no man in respect and admiration for the great law given us by the Master, I still understand that more than this formula is required in treating the sick. You should be as thoroughly informed in anatomy, physiology, pathology, hygiene, and all the other branches which are essential to constitute you what you should be, physicians, as it is possible for you to be.

"The Homœopathician is frequently only that and nothing more. He depends upon the law, *similia* to carry him through all emergencies. A man may be entirely ignorant of anatomy, physiology, pathology, etc., and still be a Homœopathician. You should be more than symptom hunters; you should be physicians."

A more clear, straight-forward, unequivocal announcement than this would be difficult to imagine, and exactly in the line of condemnation demanded by Prof. Jones. Does this look like "truckling for the students of that little clique?"

It will also be remembered by the professor that when Prof. Farrington issued his "syllabus of materia medica," indicating what would be required of the graduating class in the college, some three winters ago, that this same "clique" raised quite a commotion over the matter, and were loud in their condemnation of this departure from the path laid out by these self-constituted leaders.

I do not thus write to defend my *alma mater* simply because she is my *alma mater*, but because when she is right I do not wish to see her fair name sullied.

As for the plough-tail specimens spoken of by Prof. Jones in another place, it is my humble opinion that the classes graduated from Hahnemann Medical College for the last two sessions, (the only classes with which I have been acquainted) will compare favorably in intelligence and general culture with any classes graduated at the same sessions, in any of the colleges of the country, not even excepting the University of Michigan.

C. C. RINEHART.

CHICAGO HOMŒOPATHIC COLLEGE.—The second annual commencement exercises of the Chicago Homœopathic College occurred on the evening of April 3rd, at the Clark Street Methodist Episcopal Church, in the presence of a very large audience. The members of the faculty occupied seats on the platform, and the exercises began promptly at the hour, with prayer by Rev. Dr. Spencer. The address of the president, J. S. Mitchell, A.M., M.D., followed. The speaker reviewed the history of the college, and felt assured that its record in the past presaged a brilliantly successful future. At the conclusion of the address, degrees were conferred upon twenty-seven graduates of the new institution. The valedictory was

delivered by Prof. R. N. Foster, M.D., and was succeeded, after music, by A. W. Blunt, M.D., the class valedictorian, who acquitted himself in a highly creditable manner. At the conclusion of the exercises the faculty and class, with their friends, adjourned to the Palmer House, where a splendid banquet was discussed.

GRADUATES: Theodore Anderson, England; T. W. Bartlett, Iowa; Arthur Blunt, Illinois; Perry Bowman, Iowa; T. N. Englehard, Denmark; D. E. Forstall, Iowa; Lewis Goeschel, Illinois; Carrie A. Goss, Wisconsin; Augustus G. Groman, Indiana; M. Jasper Hill, Illinois; Alfred P. Hanchett, Illinois; Cora H. Kennedy, Illinois; Martin Krider, Indiana; Charles H. Long, Illinois; H. C. W. Myers, Prussia; L. M. Mings, Pennsylvania; Clifford Mitchell, A.B., Illinois; Clayton W. Myers, Iowa; M. C. Morse, Illinois; Annie M. Parker, Illinois; W. H. Polglase, Michigan; Ellen M. Porter, Michigan; J. Matthew Shea, California; W. M. Wilke, Illinois. *Ad eundem*: C. L. Kock, D. Leonard Pratt, Dr. C. P. Hart.

THE DOCTOR'S HORSE RETIRED FROM PUBLIC LIFE.

M. S. E. writes to the Flint Globe:—There is many a family in Genesee County, and, indeed, not a few beyond its limits, who will hereafter miss at their gate the familiar presence of the stately old gray horse, "Frank," so long driven by his master, Dr. I. N. Eldridge.

For about sixteen years, by night and by day; through the storms of Michigan winters, and summer's heat, with scarce a day's vacation for rest or recuperation, has this faithful fellow conveyed his master to the homes of suffering patients and anxious friends, many times making a circuit of fifty miles in a day, and has even traversed seventy miles of country before enjoying again the "rest and refreshment" of his stable. Healthy, vigorous and strong, never till recently has he seemed to lose any of his natural ambition and endurance; and still the "spirit" seems "willing," though his step may be less elastic.

Estimating his average distance at only thirteen miles per day, and we have the surprising aggregate of over 75,000 miles which he has traveled in the years of his "professional" career; or equal to a triple circuit of the world of which he has really seen so little. Reduced to steps—many of them weary and toilsome—and what a fatiguing sum does it present.

After such years of mutual confidences, of systematic communications telegraphed from each to the other along the leathern reins, the attachments must be strong, and severed with mutual regret; for, with the intelligence possessed by so sagacious an animal, he can but miss the hand which has so long fed and guided him, and feel the absence of the familiar voice and step.

He has retired to the quiet of private life in the verdant pastures and sequestered shades of Flushing.

SEWARD.—Dr. F. W. Seward's present address is wanted at this office.

WESTERN ACADEMY OF HOMŒOPATHY.—The next session will be held at Cincinnati, Ohio, May, 14th, 15th, and 16th. Full particulars are given in a circular from the general secretary on application. Arrangements are fully under way for a grand time and the largest meeting ever held. All members of bureaux should send to their chairman at once the title of their paper to be read. Volunteer papers on any subject from the members of the Academy, or those who are not, will be acceptable and should be sent to the general secretary. Information as to rates of transportation will be given in circular. Correspondence on this subject should be addressed to T. P. Wilson, M.D., chairman committee of arrangements, Cincinnati, Ohio. Applications for membership may be sent direct to M. M. Eaton, M.D., chairman board of censors, Cincinnati, O. Blank forms may be had on application. All correspondence on other subjects should be addressed to C. H. Vilas, M.D., general secretary, 56 East Washington St., Chicago, Ills. Approved: R. H. McFarland, M.D., president.

BLUNDERS.—The *Cincinnati Medical News* says: A physician in Canada ordered *Hyd. Chlor.* in a prescription, which was an unpardonable blunder. The compounder put up Corrosive Sublimate, which was worse than a blunder. The patient, a lady, had a narrow escape, her life being saved by vomiting almost immediately on swallowing the poison. Again and again, while writing prescriptions containing that agent, the danger of such an error has presented to our mind. The rule should be religiously observed never to abbreviate the words, but always to write in full—*Hydratis chlorali*, otherwise to put it in plain English.

“WRITER’S CRAMP.”—George M. Beard, M. D., 41 West 29th Street, N. Y., is desirous of obtaining as many facts as possible relating to the symptoms and history of the disease known as “Writer’s Cramp.” He would be obliged if those who are victims of this disease or of analogous conditions, as the cramp of artists, pianists, violinists, engravers, telegraph operators, or any of the special arts or trades, would report to him, when a blank will be forwarded for a record of symptoms, etc.

DECAYED WISDOM-TEETH are to be added to the list of special causes of tinnitus aurium, attention to which has proved remedial; and affecting the ear, probably by “reflex action.”—J. C. M.

Personal Notices, Etc.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.
—The Ninth Annual Meeting will be held in the City of Lansing in the parlors of Lansing House, on the third Tuesday and Wednesday of May, 21st and 22nd inst., 1878. The sessions will be called to order at 2 p. m. of the first day.

ORDER OF BUSINESS.—I, Calling roll and reading minutes of last meeting; 2, Communications from the president; 3, Appointment of committees; 4, Report of censors; 5, Election of new members; 6, Report of treasurer; 7, Annual address; 8, Election of officers; 9, Report of business committee; 10, Presentation of reports and communications on medical and surgical subjects; 11, Miscellaneous business; 12, Discussion on medical and surgical subjects.

Every homœopathic physician in the State is respectfully and earnestly requested to be present at this meeting.

C. W. PRINDLE, *Gen'l Sec.*

FRENCH CONGRESS OF HOMŒOPATHIC PHYSICIANS is to assemble at Paris, August 6th to 13th, 1878. Address all communications to Dr. V. Chancerel, 89 Rue du Fauburg, Paris.

MINNESOTA STATE HOMŒOPATHIC INSTITUTE will meet at St. Paul, Minn., on May 14th and 15th.

CALIFORNIA STATE HOMŒOPATHIC SOCIETY will meet at San Francisco on the second Wednesday of May.

ILLINOIS STATE HOMŒOPATHIC ASSOCIATION meets at Chicago May 21st, 22nd and 23rd.

HARD TIMES.—An old subscriber writes: "Very little sickness, no epidemic except the blues; most of the complaints are of chronic hard times; doctors have long faces, their pockets lean and shabby, but their horses are fat and healthy. Little to do, and poor pay." Yet the doctor sends cash for his subscription and feels that it is good investment.

REMOVALS.

AVERY, Dr. A. B., from Chelsea, Mich., to Farmington, Mich.

GALLISON, Dr. J. C., from Medway to Brookline, Mass.

HILLER, Dr. D. A., from Kearney St. to 17 Dupont St., San Francisco.

HOLT, Dr. E. B., from Chelsea to Brookline, Mass.

KUECKLER, Dr. C. F., from Leavenworth, Kansas, to Kansas City, Mo.

PETERS, Dr. E., from Danville to Bismarck, Ill.

STEARNS, Dr. G. W., from Providence, R. I., to Groton, Mass.

SCOTT, Dr. Jno. P., from Columbus, Ind., to Saginaw, Mich.

Materia Medica.

PROF. S. A. JONES, M.D., ANN ARBOR, MICH., EDITOR.

ON TEACHING MATERIA MEDICA.

AN OPEN LETTER TO T. C. DUNCAN, M. D.

DEAR SIR :—In your favor of March 19th, you ask, “ *Will you please give me an outline of your method of teaching Materia Medica ?* ”

I cheerfully comply ; but I beg leave to do so through the columns of the OBSERVER. I make this request for the following reason : you recently printed “ *external carotid artery* ” for “ *external jugular vein*,” and I prefer not to run the risk of such a misprint.

With this explanation, I proceed to furnish the “outline” desired, and in the hope that it may not prove wholly without interest to the profession.

The first four remedies lectured upon in my course are, *Ailanthus glandulosus*, *Mercurius Cyanatus*, *Hepar Sulph. Calc.* and *Nitric Acid*.

Of these you are aware that the last two are Hahnemannian remedies, and the others modern additions to our *Materia Medica*. You are also aware that of these four remedies we have provers’ day-books of only *Ailanthus gland.* This remedy, then, is taken first in order that we may *construct a schema from the day-books*, and this is done to explain the artificial arrangement of the “symptoms” in Hahnemann’s *Mat. Med. Pura*, and *Chronic Diseases*.

A schema is also built up from cases of involuntary and accidental poisoning by the *Mercuric Cyanide*, and this is done to show how a homœopath, by means of the law of similars, utilizes a poisoning which has no therapeutic value for a *scientific* “regular”—half of their breed might be destroyed by this

deadly salt without the remainder learning that the *poison* is potent for good in diphtheria.

The aim so far has been to show the student the "make-up" of our Materia Medica; to teach him how to work the mine.

Hepar Sulph. Calc. is taken as an instance of a pathogenesis *minus* provers' day-books, and is chosen to show the difficulties which attend the study of an artificial arrangement of drug-effects when we have no clue to the natural order of their evolution, and their relationships.

Nitric Acid is selected with a view of teaching the practical value of Grauvogl's doctrine of diseased constitutions. This drug is treated of as the representative of the "oxygenoid" remedies,—not that it is the chief. It is analyzed in the light of what is known of the oxidation processes.

When these four drugs have been lectured upon, it is supposed that the student has learned some methods of studying Materia Medica. This is what is chiefly aimed at, and it is believed that if the student has learned how to study Materia Medica he has virtually gained more than if his memory had merely been stored with long lists of indications, the end of which list is the end of his knowledge of that remedy.

By going into details we shall get a conception of the "method" of teaching, and we will take *Ailanthus* as the first example.

The assistant to the chair puts the following on the black-board :—

AILANTHUS GLANDULOSUS.

SYNOPSIS OF ITS ACTION.

1. *Pathological Type*: Passive congestion (venous?) resulting in carbonic acid poisoning.
2. *Regions of primary action*: Vaso-motor centres in brain and spinal cord. (*Goltz. Heubel.*)
3. *Regions secondarily affected*: *a.* Brain; *b.* Spinal cord; *c.* Ganglionic system.

4. *Tissue affinities*: *a.* Mucous membranes; *b.* Skin; *c.* Medulla spinalis, posterior horns, sensory ganglia.

5. *Characteristic seats of Action*: *a.* Schneiderian membrane; *b.* Mucous membrane of Fauces; *c.* Tonsils; *d.* Bronchial mucous membrane; *e.* Mucous membrane of large intestine.

6. *Grade of Action.*

7. *Side affinity*:

8. *Pains*: *a.* Character; *b.* Intensity; *c.* Locality; *d.* Direction.

9. *Aggravations*: *a.* Time; *b.* Motion or rest; *c.* Position; *d.* Temperature.

10. *Ameliorations*: The same conditions.

11. *Typical characteristic*:

This synopsis is distinctly stated to be only hypothetical. It is offered to the student simply as an artificial aid to the memory. It serves the purpose of a skeleton which must be clothed with the muscles of "symptoms," and animated by the nerves of characteristics.

This is done, so far as may be in the lectures; and the different headings and their subdivisions are established from the *data* of the day-books, in just so far as the lecturer's knowledge of physiology and pathology enables him so to do.

I may be permitted to say that at a recent examination of candidates for graduation this very synopsis was given them to fill out from memory.

The following is presented because it is the work of a last year's graduate—Dr. Geo. A. Taber, assistant to the chair of Materia Medica and Therapeutics.

MERCURIC CYANIDE.

SYNOPSIS OF ITS ACTION.

1. *Chief anatomical regions*: *a.* Stomach, intestines, and rectum; *b.* Buccal cavity and salivary glands.

2. *Proportionate action upon nervous system*; *a.* Great sympathetic, principally; *b.* Cerebro-spinal system but slightly.

3. *Tissues chiefly acted upon*: *a.* Blood; *b.* Mucous membranes throughout the alimentary canal; *c.* Non-striated muscular fibre.

4. *Significant features of its action*: *a.* Ulceration of the buccal mucous membrane; *b.* The pseudo-membranous deposit.

5. *Chief characteristics*: *a.* Constant recurrence of symptoms; *b.* Alternation of the same.

I have been asked to publish the lecture on the *Mercuric Cyanide*, and will do so in the belief that the reader will find some points in it which are not to be obtained from a study of this remedy as it is presented in Allen's *Encyclopædia*. Therefore no more is said of it here.

As we lack day-books of *Hepar Sulph. Calc.* we are obliged to make our synopsis from an analysis of the *data* derived from the clinical use of the remedy, and as a consequence we get an even feebler grasp. If, however, it is borne in mind that the synopses are avowedly hypothetical, and are used only as helps to the memory, it will serve to modify criticism.

HEPAR SULPHURIS CALC.

ANALYSIS OF ITS ACTION.

1. General type: Suppuration.

2. Pathological action: $\left\{ \begin{array}{l} a. \left\{ \begin{array}{l} \text{Pyrogenetic.} \\ \text{Sudorific.} \\ \text{Emetic.} \end{array} \right. \\ b. \text{ On the blood } \left\{ \begin{array}{l} 1. \text{ Large doses antiplastic. = Empyema.} \\ 2. \text{ Small doses hyperplastic. = Tracheal pseudo-membrane.} \end{array} \right. \end{array} \right.$

3. Tissue affinities: $\left\{ \begin{array}{l} a. \text{ Skin. = Sweat.} \\ b. \text{ Mucous membranes. = Exudations.} \\ c. \text{ Serous membranes. = Exudations.} \\ d. \text{ Glands. = Inflamed and suppurating.} \end{array} \right. \left\{ \begin{array}{l} \text{Liver. = Congested.} \\ \text{Kidneys. = Desquamation.} \\ \text{Tonsils. = Swollen.} \\ \text{Lymphatic. = Swelling and suppuration.} \end{array} \right.$

4. Morphological arrangement of tissues chiefly acted upon: $\left\{ \begin{array}{l} \text{Cells upon a basement membrane. = Mucous and serous membranes.} \\ \text{Cells on connective tissue. = Skin.} \\ \text{Cells in connective tissue. = Glands.} \end{array} \right.$

A portion of the text of the lectures on *Hepar* may be given in illustration of the manner in which a synopsis is treated.

"*Hepar* acts upon the skin, the mucous, and serous mem-

branes, and the glands. Remember that beside the lymphatic glands *Hepar* acts upon the liver and the kidneys.*

Recur now to your histology for an analysis of the morphological construction of these parts. You have epithelial cells *on* a basement membrane in the mucous, and serous tissues; nucleated cells *in* a supporting frame-work in the gland structures; and epithelial cells again *with* a basis or substratum of connective tissue in the skin.

For structural elements, then, we have cells and connective tissue; and these elements present this special feature; *cells supported by connective tissue.*

So much for the histological *sphere* of the action of *Hepar*; and, now, let us consider the *kind* or pathological character of its action.

It is in the suppurative process that *Hepar* displays its chief influence. So marked is its efficacy in the suppuration of lymphatic glands, and of the cutaneous connective tissue that Ringer has introduced this remedy to his readers in a manner more creditable to his zeal as a therapist than to his candor as a man, for he wholly omits to state the sources of his inspiration.

As suppuration is the finale of the active inflammatory process we must look to a condition antecedent to suppuration for the "action" of *Hepar*. We find this antecedent in the condition of the circulation, and thus we learn that *Hepar* produces congestion and stasis in the blood-vessels of certain glands, and of the connective tissue wherever it supports or includes cells.

To a certain extent the physiological function of a tissue, or organ, determines the nature of its pathological product; and, given an inflammation of a tissue or an organ, we shall have that tissue or organ, other things being equal, producing hyper- or heteroplasia. Thus, in the pleuræ (and in the trachea,)

* Bear in mind the lymphatics of the lungs and pleuræ, if you please.

Hepar gives us a plastic exudation ; push its action still farther and it occasions empyema.

In the instance of the pleuræ I think the pus is owing to cell-migration ; in the lymphatic glands, and skin, probably to cell-migration, and to connective tissue proliferation.

In the liver *Hepar* will occasion fatty degeneration, and abscesses.

Too little is known of the pathology of pus-genesis for us to go any farther. We do not know what, if any, change in the blood itself is necessary for the production of pus. We are only aware that a certain degree and kind of congestion must obtain before we have pus either by cell-migration, connective tissue proliferation, or fissiparous division of epithelial cells. The essential feature, or features, is, or are, hidden from us. Fortunately, however, the fact is not indispensable for the successful application of *Hepar* as a remedy ; all that you need remember is that the drug has a special affinity for certain tissues in well-known localities ; that in these localities it occasions mucous, and fibrinous exudations in the lightest grade of its action ; that in its ultimate action we have pus-genesis or suppuration.

Those pathological conditions which are similar to the pathogenetic conditions producible by *Hepar* occur by far the most frequently in subjects of the so-called scrofulous diathesis, and when scrofula signalizes itself by suppurations in soft tissues, and preferably in the peripheral lymphatic glands, *Hepar Sulph. Calc.* must come under consideration. We will now consider the special symptomatology of this remedy."

This last, the lecture on *Hepar*, is based on the late Dr. Carroll Dunham's lecture on *Hepar*. The MSS. of his *Hepar* lecture contains eleven pages, my own has thirty-three devoted to the special symptomatology, and thirteen given to a pathologico-anatomical introduction. Dr. Dunham's lecture is at once the basis and the best of mine, and that it has been expanded

twenty-two pages in my treatment of it is owing to the fact that I have ransacked our literature in the hope of approximating completeness.

I accepted a chair in the University of Michigan at the request, and by the advice of Dr. Dunham. The call was made on short notice, and *Dr. Dunham with that liberality which was his "characteristic," placed all his MSS. lectures at my service.*

My every class has been informed of this fact, and if they have had reliable teaching in *Materia Medica*, they know that their indebtedness is to him and not to me.

Whoever has read one of Dr. Dunham's published lectures will need no information as to *his* "method of teaching *Materia Medica*." I have made his "method" my own aim with this difference: I endeavor by the aid of physiology and pathology to interpret our symptomatology. I endeavor to determine the "kind" of "action" a remedy has, not by its resemblance or difference symptomatically but by its pathological nature. If I may be allowed to say it, I aim to supplement Dr. Dunham's "method" in directions of which I can find in his *MSS.* no evidence that he had traveled.

Dr. Dunham's "method" will make an excellent therapist,—my aim is to include in one the therapist and the pathologist. My success is in a direct ratio with the amount of "grey matter" in the class, for it is easier to memorize symptoms than to analyze and understand them.

As I have been bold enough to aim at "supplementing" Dr. Dunham's teaching, it is becoming in me to offer an example of this "supplementing" in self-justification.

"We are amazed" says Bahr "that this remedy is so little or rather not at all mentioned in the therapeutics of pneumonia.

* * * * * Chronic pneumonia is the best sphere for the therapeutic action of *Hepar*." (The following is submitted as indicating what condition calls for *Hepar*.)

Acute interstitial pneumonia or purulent inflammation of the lymphatics of the lung.

“The specimens shown consist of the thoracic viscera (entire and with microscopic section) from the body of a woman who died in Guy's Hospital with symptoms of suffocative chest disease, thought to be bronchitis. She was admitted in an almost dying state; too ill to undergo much examination. Great difficulty of breathing with much wheezing in respiration; slight dullness of right base, together with moderate elevation of temperature, were the chief symptoms.

“On inspection, the following was the condition of the contents of the chest:—The left pleura contained a few ounces of turbid liquid, and the surface, especially of the upper lobe, was coated with recent lymph; under this lymph, and beneath the pleura in the sub-pleural tissue were numerous wandering yellow lines forming a network. On comparison of this network with the injected specimens of the lymphatics of the pleura, they were found to correspond, and on examining the lines themselves, they were found to be minute vessels full of pus, so that no doubt could exist that the condition present was an injection of the lymphatics of the pleura with pus.

“The substance of the lung, especially of the upper lobe, was denser than natural, and on dissection of it a peculiar appearance was exposed. The outlines of the lobules were revealed in a very striking manner by dots and streaks of the same yellow color and general appearance as those in the sub-pleural tissue, the affect thus produced amounting to a nearly complete mapping out and insulation of a large proportion of the lobules of any section.

“The right pleura was adherent at the base and the hinder and outer surfaces, but between the lung and the mediastinum three ounces of sub-puriform liquid lay lodged. The disease here being evidently older, the upper lobe of this lung showed the same inter-lobular suppuration as that on the other side;

in both lungs a moderate extent of early pneumonia accompanied these changes, but the pneumonia was in the outside of the lobules, evidently extending from the inter-lobular suppuration. The lower lobe of the right lung was in a state of chronic atrophic induration, the proper tissue wasted nearly entirely away and only a moderate increase of flabby fibre.

"The pericardium was acutely and intensely inflamed, eight ounces of turbid fluid, and much lymph being present in it.

"The lymphatic glands at the root of the lung showed signs of extensive old disease, being, in many instances, coal black, charged with fibrous tissue and containing calcareous concretions. A pasty, calcareous mass lay in the middle mediastinum just under the pleura. * * * *

* * "I have not been able to find any description of suppurative inflammation between the pulmonary lobules. The septa of the lobule, indeed, on the other hand, generally display a really wonderful power of stopping inflammation, so that lobar pneumonia is commonly stopped at and limited by the lobular septa. It has, however, happened to me to meet on several occasions with an occurrence like that I now describe, and I have before made mention of a case of pyæmic pneumonia in which the same appearances were presented. I think there can be no doubt that the course of the disease in the lobular septa is due to the lymphatics they contain, and that these are the true seats of the disease. * * *

"I think the whole disease justifies special description which it has not yet received; and, indeed, these more rare acute cases appear to me to throw a certain not unnecessary light on the much more common interstitial pneumonia suggesting, as they do, that the extension of the thickening disease in the septa is due to the passage of irritating lymph along the lymphatics of the septa—*lymph which has its origin in the constantly accompanying chronic pleurisy.*" *

The italics are my own, and the qualified reader will understand their significance.

As I have not done with this subject, I will resume it in a subsequent number of this journal.

S. A. JONES.

* W. Moxon, M. D., *Trans. Pathological Society*, Vol. xxiv, p. 20.

Obstetrical Observations.

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ARNICA IN SURGICAL, OBSTETRICAL, GYNÆCOLOGICAL AND OTHER CASES.*

MR. PRESIDENT AND COLLEAGUES :—Perhaps I owe an apology for coming before you with such an old remedy at this period, when “new remedies” are all the fashion, not that I deprecate the new remedies, for I use them frequently and successfully; but old remedies are sometimes like old friends, not fully appreciated.

SUPPURATIVE INFLAMMATION AND PYÆMIA.

The use of Arnica in traumatic injuries, such as bruises and sprains, is as old as Homœopathy; but my attention was first called to a new use of Arnica in an article which I read about two years ago by the late Dr. Von Grauvogl on Arnica and Arsenic as preventives against suppuration or suppurative inflammation and pyæmia. This article I cannot now find. In the United States Medical Investigator, March 15th, 1876, the same author, in speaking of the action of Arnica on wounds, says: “The results of the provings of Arnica on healthy subjects furnish symptoms so similar to traumatic fever and to septicæmia by purulent infection, as to be hardly more distinct if found in the books on surgery and midwifery, in the description of these affections. Consequently, in wounds and their sequelæ Arnica is indicated according to the law of similarity, and in this respect, too, a long celebrated homœopathic remedy. The traumatic fever takes its course in the beginning without any increase of temperature, which cannot, therefore, be taken for the signature of a fever either. It begins directly with any important injury done, by which suddenly the whole habit of the wound is often changed to indiscernibleness and shock. That condition apparently improves under the use of Arnica, just as do all symptoms of an already performed absorption of elements of wound secretions being in decomposition. Among all the more frequently occurring injuries, the

*An essay on Arnica, read before the Baltimore Homœopathic Medical Society, November 29th, 1877, by Elias C. Price, M. D.

complicated fractures render the most profuse suppurations, and the oftentimes very extensive lacerations of the soft parts, connected therewith, for that reason predisposed, like large operative wounds, to the generation of pyæmic or septicæmic fevers. One is not always called to the patients immediately after the accidents of this kind, in the country, especially. Many times several days after the country physician has done his part, and we meet then with the greatest production of pus. If we then give Arnica, 30th four or five drops every hour, and applications to the bare wounds of the same dilution, after a couple of hours, (at most four or five), the patient feels an essential relief of pains, and in the subsequent days the suppuration is visibly reduced. It diminishes from day to day, and is restricted to a slight quantity in a few days, while the sores are getting clean. It goes much faster if every hour four or five drops of the first decimal dilution are to be taken, and fomentations applied in similar proportion. On the following day, at latest in twenty-four hours, the suppuration is almost reduced to nothing, as a rule, and the most favorable situation restored in every regard. In the military hospitals I called the attention of allopathic physicians to the efficacy of this treatment, and also to the fact that this favorable success would instantly disappear, and the largest gathering of pus be found in the bandages, as soon as that use of Arnica was discontinued. This happened regularly, so that oftentimes directly on the following day the former quantity of matter was present again, and the wounds of the soft parts gaped again wider, after they had approached themselves considerably, and I did not dare delay any longer the internal and external employment of Arnica. Now it had the same success as upon the trial, and the healing process took place in the shortest time, and, indeed, with not a little astonishment of the attending allopaths, without further suppuration, granulation or retraction of the borders of the wound, thus quite in opposition to their until then received doctrines and observations. Also in the war against France I had a large opportunity of making the same perceptions."

"The action of Arnica in wounds of all sorts consists in this: that not only does the migration of the white blood corpuscles and the mortification of the injured parts, consequently any suppuration cease,

but also the inter-cellular liquid is drained under a steady delivery of water to the blood vessels and lymphatics.

"In consequence thereof the inflammatory swelling of wounds after a few hours mostly decreases, and all the injured parts consolidate, and the borders, where they can be brought together, are rapidly agglutinated, or, where this is not the case, approximate each other spontaneously more and more to a reunion, whilst any loss of substance is replaced without suppuration and without luxuriant granulations. From these reasons the original inflammation cannot spread, and where there is no inflammation there is also no fever. Further, where there is no water there is no pus, no absorption of noxious substances, and so diphtheria and septicæmia cannot take place. For these reasons I also order every pregnant woman, from eight to fourteen days before the calculated time of confinement, morning and evening, four or five drops of Arnica, 3 dec., and likewise immediately after each birth; also similar injections into the vagina; and since that time I have seen no more puerperal fever, nor too much protracted bloody lochia, and no more rolling up of the flaps, where the cervex uteri was fissured.

In the American Supplement of the June No., 1877, of the Obstetrical Journal of Great Britain and Ireland, is an article by Dr. Blair D. Taylor, of Fort Rice, Dakota Territory, in which he ascribes the occurrence of milk fever not to the excessive lacteal secretion, but to the absorption of decomposed offensive lochial secretions. In fact, he considers it a mild case of septicæmia. His plan is similar to Grauvogl's, only he uses Carbolic acid instead of Arnica two or three per cent. He, too, says he now has no cases of *milk fever*.

"Under all these circumstances the use of Arnica may be discontinued at pleasure, in order to obtain a direct relapse of the previous state; then everything may be seen improving again, as soon as Arnica is administered repeatedly, and so on in the same way as often as it can be done without disadvantage to the patient. A too long continued use of Arnica, especially externally, generates erythema even unto blistering, and internally in fractures, soft and lesser formation of callus. That is what I have observed in a surgical and obstetrical practice of long standing."

Grauvogl thinks that the above use of Arnica is superior in many respects to Lister's mode of using Carbolic acid.

It is not always very agreeable when one is at the same time both physician and patient, but it is sometimes very profitable in the way of experience. One dark, rainy night last April, as I was crossing Madison Avenue, extended beyond the city limits, I tripped and fell on a rough, newly laid granite flag stone. The little finger of the left hand sustained the greatest injury, as it was clasped around the umbrella staff, and slipped along on the rough stone for about twenty inches. It felt like the flesh was scraped off to the bone, but the injury was not as bad as I expected. I applied a dressing of cold water and went to see another patient, did not get home for about two hours, all that time it burned like it was being held in the flame of a gas jet. When I got home I at once applied some carbolized arnicated Collodion. That relieved the pain very much for a day or two, when the back of the hand became inflamed and painful, bathing with Arnica lotion, relieved until next morning, when it was worse than ever; the Arnica had become exhausted from the inner surface of the collodion, and from the impenetrable nature of it, no more could get to the wound. I wrapped it up in a cloth saturated with Arnica lotion, which soon loosened the Collodion, so that I could get it off. The finger healed very rapidly. I took Arnica, five drops of the tincture in half a glass of water, a teaspoonful every two hours. In a few days I added one ounce of glycerine to four ounces of water and one teaspoonful of tincture of Arnica. I never saw a wound heal so fast in my life; there was no suppuration.

SENILE GANGRENE.

At the same time I had a patient who has lost all his toes but one with senile gangrene. Some of them came off six years ago, the stumps healed over for a few months and then broke open again, presenting the appearance of an indolent ulcer, which no application so far had been able to heal. I applied the Arnica and glycerine, and gave Arnica internally as I took it myself. In a few weeks the stumps were healed over, and I believe all but two remain so.

Since writing the above, gangrene has set in in the last remaining toe, (the little one), and in the stump adjoining it, which showed a

disposition to ulcerate anew after healing under the application of Arnica and glycerine.

WOUND OF LIP.

A little boy fell and cut his lip. He cut it parallel with the vermillion border, a small piece of the lip about as thick as a rye straw seemed disposed to curl up. Adhesive plaster could not be kept on, on account of the saliva, and his mother was not willing to have sutures used on account of the unsightly scars they are apt to leave. I applied Arnica and gave it internally. In a day or two the wound was closed up like it had been united with Spalding's glue. There is a very slight elevation on one portion of the lip not larger than the half of a squirrel shot, the only deformity remaining.

ERYSIPELAS.

I had seen two cases of erysipelas produced by the local application of the strong tincture of Arnica, and had made up my mind to use it internally and locally, very much diluted, in that disease, when I saw it recommended in the British Journal of Homœopathy on account of its homœopathicity to erysipelas. The writer claimed that it was far superior to either Bell. or Rhus in this disease. He recommended it internally only.

ECZEMA SOLARE.

I have used it in a few cases of eczema with very good results. I believe it will be found equally effectual in eczema solare or prickly heat.

ULCERS.

I have had several cases of indolent ulcers in my practice years ago, that gave me a great deal of trouble ; if I should have any more I will certainly try the internal and local administration of Arnica. From Grauvogl's experiments it ought to be useful in *ulcers of all kinds* in cuts, lacerations and wounds of all kinds that usually result in suppuration. Many eminent homœopathic surgeons are in the habit of giving Acon. 200 and Arn. 200 in alternation, to keep down inflammation after all important surgical operations.

A few weeks ago I saw an old lady that had had an open ulcer, on the sternum, resulting from an abscess, and also one on the leg, the

former had been discharging pus for a year or more. I advised Arnica externally and internally, the suppuration ceased in a day or two. In a few days after the discharge of pus ceased it itched and burned so much that she applied a salve to promote suppuration again. If she had diluted the lotion, I think it would have been a better procedure.

ARNICA IN OBSTETRICS.

In this department we have a number of candidates for followers, particularly in regard to the ante-partum treatment; Grauvogl recommends as a preventive against puerperal fever, etc., the internal administration of Arnica, 3x, dil. twice a day for from eight to fourteen days before labor, and the injection of dilute Arnica into the vagina after parturition. Doctress Mercy B. Jackson tells us to give Puls. for two or three weeks before confinement to correct mal-presentation, if peradventure, such might exist. Dr. Holbrook, of New York, advises us in his little book on Parturition without Pain, to feed the patient for two or three months previous to labor, almost exclusively on fruits and acids, to retard ossification of the bones of the skull, and thus promote an easy delivery. Dr. Edwin M. Hale, of Chicago, tells us if we want babies to come headlong into the world with Yankee-like-go-aheadiveness, to give the mother, for about three weeks before confinement, either *Caulophyllum* or *Cimicifuga*. While many physicians speak in the highest terms of the parturifacient effects of the above remedies, it has been my lot to meet with many brilliant failures to one solitary case of success, and in that case *Cimicifuga* was thoroughly indicated by the existing symptoms.

I presume that nearly all homœopathic physicians administer Arnica in a majority of cases immediately after labor, not only as an antiseptic, but to control the after-pains. I generally continue its use for two or three days.

RUPTURE OF THE PERINEUM.

There is a work on Obstetrics published by Dr. Croserio, the existence of which I have no doubt is unknown to many young homœopathic physicians. It contains many valuable hints, and among others an article on rupture of the perineum.

He says it "is a terrible accident when she has no other resources for aid than those offered by the surgery of the old school, threatens

the woman with a disgusting infirmity for the rest of her life; thanks to Hahnemann, homœopathy offers a much more efficacious means of cure in the skillful use of *Arnica*. As soon as we have discovered this accident, we should hasten to cleanse the patient and put her in bed; the parts should then be washed with water in which we have put some drops of *Arnica*; afterwards we should bring together the edges of the wound and cover them with a thick and large compress of lint saturated with pure tincture of *Arnica*, and maintain the union of the edges of the wound by thick compresses, wet with the *Arnica* lotion; over these should be crossed two bandages, which starting from and securely attached to, a large body bandage firmly inclosing the pelvis, descend behind and under the two thighs, tending to bring them together, and crossing opposite the perineum, remount and are attached to the body bandage, each in front of the opposite groin; the woman should be kept lying motionless on the side which is most agreeable to her."

I should advise her to incline a little towards the face to prevent the discharge from insinuating itself between the edges of the wound.

"During the first days we should renew the dressing very frequently, to facilitate the flowing of the lochia; the following days it will suffice to renew them every time the woman is obliged to urinate. I recommend the saturation of the compress in the pure tincture of *Arnica*, because the abundant flowing of liquids from the uterus dilutes it very soon, and consequently renders its action less sensible; when the lochia shall have diminished, we may mix the tincture with an equal quantity of water.

"This dressing and these precautions should be continued for six weeks in order that the cicatrix may have time to consolidate. It may be prudent during the first week to assist this local treatment by the internal administration of *Arnica*, if other and more urgent indications do not present themselves. The woman should be kept upon a strict diet, and drink as little as possible, to avoid the frequent occasion of renewing the dressing after urinating or going to stool."

Of three cases of laceration of the perineum (but not extending into the anus) on which I operated, the first only was successful, the second from some cause did not heal. I suspected a syphilitic taint.

The third case was a remarkably healthy lady, whose flesh had always healed very easily. All the silver wire sutures on one side cut out, leaving the wound unhealed. The last case in which partial laceration of the perineum occurred, was the patient of a medical friend. I felt the perineum give away while using the forceps. I advised the use of Arnica as recommended by Croserio, and my friend has since reported entire success.

IN ULCERATION OF THE OS UTERI

I have used it only in a few cases. In two cases the patients reside in neighboring States, and I have had no opportunity of seeing the result of the treatment since a short time after it was commenced. In another the treatment was suspended in less than two weeks. I think more on account of the cost than anything else. One is now under treatment and observation.

I have heard the argument used that if internal remedies will cure external ulcers, they certainly ought to cure internal ones. I therefore think that if Arnica used both externally and internally will cure external ulcer, it ought to be equally effectual in curing internal ones; but in this case I think I have made the mistake of using the remedy too much diluted. We should take the fact into consideration that the cotton tampon is not changed every hour or two as the application is when used on an external sore; then again as Croserio remarks, the discharges from the uterus and vagina are constantly diluting it. I began using it the same strength as for other purposes. The patient under observation is improving, but not as fast as is desirable. After her menstrual period is over I intend using one part of Arnica to nine of water, without the glycerine.

After trying the Arnica of various strengths, I finally diluted it one half, when the ulcer healed very rapidly and was soon well. Dr. Chas. H. Thomas informs me that he cured one very bad case in three weeks, by using the Arnica diluted one half. In other cases the healing was not quite so rapid. Dr. Thomas said he had eight cases under treatment at the same time, some of them being syphilitic he had to resort to other remedies. Drs. Thomas, Underwood and other physicians to whom I have recommended it, propose to give it a further trial.

It has this advantage over caustics ; you can have it applied daily if you desire it.

VAGINITIS AND HYPERÆSTHESIA OF VAGINA.

A lady with whom I used it for simple vaginitis said she was only relieved of the terrible burning pain while the tampon was inserted. Another lady with hyperæsthesia of the vagina, so that the commencement of coitus was very painful. Coffea 6 internally and Arnica Lotion with Glycerine at an injection cured her in a few weeks after the disease had lasted two years and a half.

An allopathic physician told me a few evenings ago that a friend of his had his face considerably bruised and scratched by an accident. He applied the pure tincture of Arnica very liberally. After the cheek was well, a deep, yellow discoloration remained. The doctor consulted a chemist who told him that it was owing to a deposit in the skin of a yellow gum-resin, which it would be almost impossible to remove. The doctor then tried to remove it by producing an eschar with Nitrate of Silver. He said in the center where the eschar penetrated sufficiently deep, the stain had been removed, but around the edges it still remained.

ABSCESSSES.

In abscesses I believe Arnica will ere long supercede the use of the renowned Hepar sulph. There is another form of suppuration in which I would recommend you to give it a fair and impartial trial—in suppuration of the lungs, here by means of the steam atomizer we can apply it directly to the diseased tissues, and at the same time administer it internally. In pneumo-phthisis and broncho-phthisis I have no doubt it would often prove curative; in cases of tubercular-phthisis I would not feel very sanguine, unless the tubercular deposit was very limited. I should begin the treatment by having the patient inhale 5 drops of the tincture. It could be gradually increased if necessary.

ELIAS C. PRICE, M.D.

NOTE.—Since writing the above I have had an opportunity of treating one case of pneumo-phthisis with Arnica with satisfactory results. On the 15th of last December a young mulatto man about 24 years of age came to my office. He looked pale, emaciated and

anæmic. He had a violent cough and a profuse purulent, offensive expectoration. The left lung was hepatized from the base as high up as the lower angle of the scapula. Had been living in New York as a waiter. From his history had been suffering with the disease since September. I kept him on such remedies as seemed to be indicated, among the number was Phos. Bry. and Sulph., up to the 30th of December, when I ordered him to use inhalations of Arnica three times a day by means of a steam automizer. He used ten drops of the tincture at each inhalation, and also put ten drops of the same in half a glass of water and took a teaspoonful every two hours, and Sticta 1st in alternation for the cough. He had been on this treatment but a few days when an abscess broke, and more than a half a teacupful of pus came up in a few seconds, and large quantities continued to come up for several hours. On the 11th of January he had a hemorrhage from the lungs, when he lost between a gill and a half pint of blood. During all this time there had been but very little change in the condition of the lung; apices of the lungs resonant. The family were very anxious to know my opinion of the case. Diagnosis: cheesy pneumonia. Prognosis, unless the Arnica arrested the suppuration it would run into "Galloping Consumption." He had two or three smaller hemorrhages after this, but the Arnica soon arrested the secretion of pus and consequently diminished the cough. He also took Ars. iod., but it had no effect on the hepatization; the blood streaked or stained sputa soon forced me to return to Phos. From the 9th of February to the 26th he took Ars. iod. 3x again three times a day, but continued Arn. as before. He improved *very much* in color, flesh, strength and cough, but the lungs remained in *statu quo*.

I now gave Sulph. iod. 3x trit.; the lung began to improve at once. I saw him to-day, April 24th, his lungs are resonant in every part; very little cough or expectoration; has a healthy color, quite fleshy and looks well, weighs 150 lbs.

Some might say Arnica did not cure that case, it was Sulph. jod. It is my belief if he had not used the Arnica to arrest the suppuration of the lungs, by the time he got the Sulph. iod. he would have been beyond all hope.

Clinical Observations.

PROF. CHARLES GATCHELL, M. D., ANN ARBOR, EDITOR.

SOME CASES OF MALIGNANT DIPHTHERIA.

BY DR. H. W. TAYLOR, CRAWFORDSVILLE, INDIANA.

I know, now, how it was that I, who have little love for children, worshipped these with an idolatrous devotion. That I who am habitually cold and stern toward boisterous infancy, was ever tenderly lenient toward these. That I, who am more than Roman in strict enforcement of grim discipline among my other children, ever bent to the merest whim and caprice of these two gentle tyrants. That I, who had five children, ever spoke of my boy and my girl. That I, who planned no future for the three who live, built great cities of air castles for these two who are not. That I, who let the three go wild, hedged these about with a love as tender, as yielding, as self-forgetting as a woman's. Was it not that my inner consciousness, blinded and deafened as it is by the gross materiality round about it, perceived, nevertheless, that these were angels of God, that walked with me but a little way; that tarried with me but a night?

The elder was six years old; a brown-eyed, yellow-haired girl, with powerful physique, and happy, joyous, contented disposition. She had been going to school six or seven weeks that had been the happiest of her happy life. On Friday, November 9th, she came home in the evening complaining of a burning in the throat, for which I gave Bell. 3rd, supposing that it was a simple pharyngitis such as this prescription had frequently relieved her of. On Saturday I was quite busy and did not examine her carefully, as she was going about the house as usual. On Sunday she went out for a short walk and returned with a flushed face and bounding pulse. I now examined her throat carefully, and found a pearly white membrane covering the whole pharyngeal cavity. I now began to be anxious and changed my prescriptions to Merc. binoid. 2nd and Kali bichr. 3rd, while I consulted various authorities, which were more than usually conflicting,

especially upon the matter of local treatment. Oertel, in Ziemsehn's Encyclopedia, art. Diphtheria, page—, declaring that local measures are not only useless, but hurtful, while Meigs & Pepper, page 678, Diseases of Children, ed. 1877, give testimony as to the great advantage of topical applications.

On Wednesday evening the hoarse, barking sound of a croupous cough smote on my ear like a death knell. From that time until the next Tuesday morning at 3 A. M., five horrible days of sleepless grief and ceaseless effort, I have no clear conception of what was done, nor how. After the last sobbing, long-drawn breath had passed the waxen lips, with a bitterness of heart beyond the telling, I gathered the army of case bottles marshalled upon the table, and mechanically read: Merc. biniod, Apis. mel., Kali bichr., Hepar sulph., Spongia tost., Bell. Hyosc., Ailanthus, Lachesis, Iodum, Bromium, Kaolin, Alumina, Phytolacca, Sanguinaria, Sulpho carbolate sodium. All these had been used in their turn without avail. Many of them had been given in alternation and combination—a most unjustifiable practice, dear friends. But what could a poor, weak human creature do—poorer and weaker by being a stricken father; * * * recommended hot vapor, and I steamed her, much to the increase of her discomfort. God forgive me, but I did what I thought was best.

I have not heart to detail the daily trial. I remember with a spasm of heart pain, how the horrible greenish, yellowish, grumous sputa clung to the fauces and larynx with a tenacity that seemed prompted by a devilish intelligence. How it avoided my efforts to remove it with a fiendish cunning, while my darling gasped and struggled for breath with a wild, appealing, reproachful look that will haunt me forever.

How on Friday we were built up to the skies because after a terrible struggle for breath during which her long yellow hair was dripping with cold perspiration, she had spit up a little slimy cylindrical tube with tortuous arterioles winding through it, and immediately sank into a peaceful slumber, so calm, so deep that we almost believed the preceding time a horrible night-mare from which we were about to awake.

Did I not know that this was not the end of danger? Yes; but I could not apply the grim rule to my own child. My eldest child

had recovered after expectorating a complete cast of the trachea when she was less than a year old.

Was not my darling Agnes stronger than the infant who is her elder sister?

On Saturday night I stretched over a lead pencil the second exfoliated membrane. On Sunday morning the third one was drawn over the second. All Sunday night, through Monday and Monday night, well into Tuesday I listened to the gasping, whistling breathing that told me how this demon of the larynx was throttling my darling child.

Tuesday evening my child was buried. Wednesday evening I found my boy, three years of age, with a high fever, pulse 130, temperature 104°. That night he had a severe convulsion, lasting five minutes. Next day his fauces were found covered with an ash-gray membrane. His urine gave off large quantities of ammoniacal gas, and upon the hint I gave him Amm. carb. allopathically, with the apparent effect of lowering his temperature permanently.

However, I did not trust to Amm. carb., but gave the Merc. iod., Kali bichr., Hepar sulph., etc., generally in the 3rd. This was my only boy—my pride, with a face so like that of the infant John Milton, that every one who had seen the engraving, remarked the resemblance. I wrote wild appeals to my medical friends for help and counsel. For the kind and solicitous promptitude with which they responded, they shall remain in my heart along with the memory of my dead babes.

On the fifth day he awoke smiling and bright, taking food and medicine readily. On the sixth morning he was gasping for breath with extinguished voice, and that same look of reproachful appeal for help where help was not.

I flew from remedy to remedy; I filled his crib with alcoholic and watery vapor. I am sure this made him worse. On the tenth day, just as the red sun went out behind the leaden line of the leafless forest, my child drew his last short, whistling breath, and springing up convulsively in my arms, raised his chubby hands and his large black eyes toward heaven as an appeal to God, and lay upon my bosom a lump of beautiful, lifeless clay.

On the morning my boy was buried I saw upon the right tonsil of my four-year-old daughter a whitish-gray patch as large as a three cent piece. Two days before we had found the uvula of my eighteen months old babe covered with this same whitish-gray deposit. Three days afterward the posterior part of the right tonsil of my oldest child was covered with this same hateful, gray-white, thick membrane. In all human calculation the three were doomed to a speedy and horrible death.

At all events they should die under different remedies. I gave them Kali. chlor., saturated solution, a teaspoonful every two hours, Merc. Iod., 2nd, a small powder every four hours, and blew into their throats flour of sulphur in pretty large quantities.

In these three cases the febrile symptoms were the same as the first two. My third daughter seemed to have even a more violent fever than did my boy. On the third day of her deposit she was slightly but quite perceptibly hoarse. On the seventh day the nasal cavities were almost completely occluded, and she passed a day and night in a stupor from which she could not be aroused. On the ninth day she was much better in every respect. The membrane had totally disappeared from the pharynx and the nasal passages were clear—in fact she was convalescent. With her recovery came that of the first born and the babe.

In my weak and foolish heart I sought excuse for this difference in results, in the specious plea that these last cases were intrinsically non-malignant. This was some measure of balm to my sore regret. But the diphtheritic demon laughed me to scorn; and crushed the frail reed of my propping with an appalling blow. It was in this wise;

On the Sunday after the death of my boy, Mrs. Jane Riley came to my house to "do the work." She was a tall, slender, sad-eyed woman, fair and spare, with a tendency to tonsillitis and asthma—attacks of which she had, singly and in combination, once or twice every year; and which she attributed to the attack of scarlet fever which she had when a girl.

She complained, somewhat, of her throat on the way to my house, and four or five days afterwards asked me to examine her throat. I found the whole pharynx very much reddened, and both tonsils

swollen—the left one much the more. On the following Monday—the tenth day of her residence at my house—the tonsil suppurated. That night I heard her cough hoarsely. I went into her room and found her breathing difficult; a tough, greenish-yellow sputum was clinging tenaciously to the walls of the pharynx, and at intervals the hoarse cough of croup shook her frame and made her gasp for breath. Next morning I saw over the left tonsil and extending downward beyond sight the same gray-white, thick membrane that I had learned to know so well. She declined to take medicine internally, but used a gargle of Sulphur and water freely and frequently. Her pulse was 110, temperature 102.5°. Thursday afternoon she insisted on being removed to the house of a friend in town, and the distance being short and the weather pleasant, I took her in my buggy—she getting into and out of the vehicle without assistance. On Friday at 3 P.M. she walked to the door, returned to the lounge upon which she had been reclining, and lay down—dead. She died of malignant diphtheria—the exudation extending into the larynx producing croup and death.

It would make this article too long to detail my own case and that of my wife. Both of us had pharyngitis with a distinctly diphtheritic patch upon the right tonsil, which disappeared in twenty-four hours under the free use of Kali. chlor. and Sulphur. But after three weeks the swelling of the submaxillary and tonsil glands has not subsided in my case, and my sterno-cleido mastoidei are still quite sore to touch as if badly bruised by blows.

The Kali. chlor. produced some symptoms that are not down in "Allen." After three days use a dark purple punctate eruption began about the neck—such as I have seen in malignant scarlatina—and extended to the chest, arms, scalp and face. In the baby's case the eruption became vesicular, then distinctly pustular and was followed by desquamation, where the eruption was light, and by *dessication* where the pustules had formed; viz: all over the back and shoulders.

That this was the effect of the Kali. chlor. I know, because I, who took nothing else, had the same characteristic slate-colored eruption forming vesicles upon the upper part of the chest and throat. And I do not doubt that pustules would have been formed had enough of the remedy been taken. Beside these, there was uniform drench-

ing perspiration, with marked coldness of the skin and greatly increased secretion of yellow, limpid urine.

In all these cases save those of my wife and myself, there was a complete and continuous suppression of the formation of bile—something that no author has mentioned, so far as I have been able to investigate.

There was no yellowing of the skin or conjunctiva; there was no darkening of the urine. The bile-forming power of the liver was as completely annihilated as if the organ had been extirpated. The stools were chalky, white, knotty, mixed with undigested food and of a cadaverous odor. The urine, in every case, contained albumen, but much less of it in the cases treated with Kali. chlor. In all cases the glands of the throat as well as the cervical lymphatics were swollen. In none of my cases was there œdema of the cellular tissue of the throat and neck. My fatal cases had hemorrhage from the nose, and a dark, frothy sanious fluid oozed from the nose and mouth of my baby boy on the morning after his death.

So far, I have heard of ten fatal cases in this city and vicinity besides mine. In all the symptoms were similar to those of mine, though my regular brethren failed to keep a record of temperature and pulse, and did not examine the urine. In all cases the bile was greatly diminished or entirely suppressed. Lastly, *all cases treated without Kali. chlor. died, while all cases treated with Kali. chlor. recovered*—a very significant fact.

There is one thought that comes to me many, many times, and with it comes a pang that makes my heart ache; that fills my bosom full of leaden regret. I might have saved my boy—my darling, had I been less stubbornly schismatic. On the fifth day of my boy's illness I received a letter from Dr. D. R. Brown, of Michigan City, stating Kali. chlor., after Seligmann's method, with the use of a gargle and Merc. biniod., had saved all his cases but one, a babe of two years who had congestion of the lungs in addition to diphtheria. But my stiff-necked opposition to everything emanating from that allopathy which I have ever hated with an unceasing hatred, whose ways I was born to believe were ways of death, would not permit me to examine whether the remedy offered by its hand might not bear the magic seal

of my favorite dogma. Only when driven to the wall ; when staring a triple death in the face ; when making the second sacrifice upon the altar of my faith, and seeing no sign of favor from Heaven, I turned in bitter despair to make an experiment in behoof of science. With the unavailing tears of regret in my eyes, I watched while the subtle poison of the Kali. chlor. wrought out upon the bodies of my loving babes all the objective signs that were upon those of my dead darlings. Was not this copious sweat ; this drenching perspiration in my convalescing children the counterpart of that diaphoresis that accompanied all the malignant symptoms of my sacrificial lambs ? Even in its coldness, its clammy, sticky quality in my own person was like that which went with them to death. Was not this slate colored punctate eruption that came so bountifully on our necks and bodies like that which appeared so scantily upon their lower limbs ? Was not this diuresis that came on the last days of my well babes sickness like that which began the sickness of my angel children ?

Although four ounces of Kali. chlor. were taken by these three children in eight days, no symptoms of injury to any organ save the skin was manifest. Bile gradually asserted itself in the fæcal matter until at this date the stools are normal. Albumen disappeared from the urine ten days ago, i. e., about the twentieth to twenty-fifth day of the disease ; the fauces assumed their natural appearance about the same time ; the swelling of the lymphatics of the neck subsided, and at this writing (January 5th, 1878) they seem restored to their wonted health.

SUDDEN BLINDNESS AFTER ABUSE OF ALCOHOLIC STIMULANTS.—A man about thirty, always healthy, awoke one morning perfectly blind and acknowledged that for three days he had been constantly drinking. The eyes are wide open, staring, pupils excessively dilated, insensible to light ; ophthalmoscopic examination with negative result ; pulse frequent, soft ; heart normal ; sensibility and motility in all extremities intact. Large doses Hunyadi janos water, rest, strict diet and compresses, wrung out of cold water, on the head, restored his sight in four days. —*Centralbl. f. Nervenkr. Jan. 1878.*

Surgical Observations.

BUSHROD W. JAMES, A. M., M. D., 18TH AND GREEN STS, PHILADELPHIA, EDITOR.

DESCRIPTION OF ALLIS' ETHER INHALER.

I desire to call the attention of the profession to a safe and comparatively new inhaler for administering anæsthetics, and especially adapted for ether.

It consists of a metallic frame, sufficiently large to cover the lower part of the face. The bars are nearly a quarter of an inch broad, leaving a quarter of an inch between each and its fellow. The spaces are made by a punch, which removes a section from a solid sheet of metal. It will thus be seen that there can be no danger of the bars giving way, as they would were they soldered upon a band.



Fig. 1. Instrument Complete.

In Fig. 3 we reproduce Fig. 2, with a bandage partly laced between the bars. It has been passed from side to side, dividing the instrument into parallel sections. On the right, a part of the bandage may be seen rolled up. When the bandage has been passed between all the bars, and the hood or cover put on, (Figs. 1 and 4,) one can look through the instrument from end to end, as there is a space of nearly a quarter of an inch between the several sections of the bandage.

The advantages of this mode of construction, are :—

1st. It gives the patient (Fig. 4,) the freest access of air. It is a mistake to think that air must be excluded. All that is necessary, is

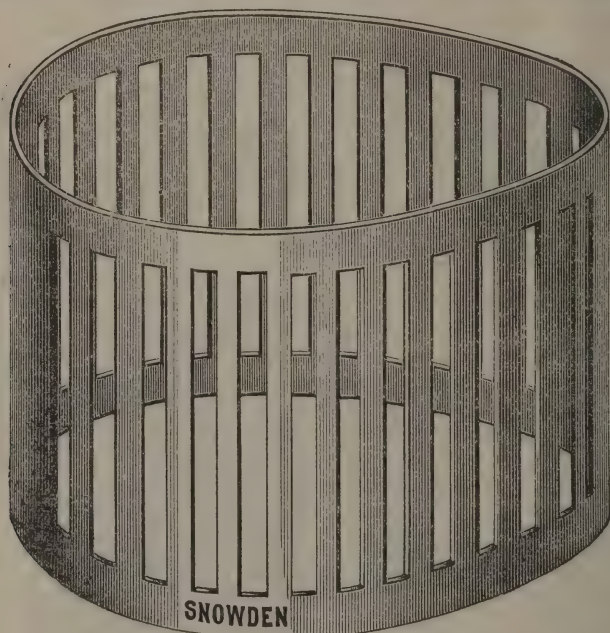


Fig. 2.

that the air should be saturated with the vapor of ether.

2d. It affords a series of thin surfaces upon which the ether can be poured, and from which it will almost instantly evaporate. In this respect it differs from the sponge, which retains the ether in a fluid state much longer. Should the bandage become soiled a new one can be inserted in a few minutes.

3rd. By leaving the instrument open at the top, the supply can be kept up constantly, if desired ; and as ether vapor is heavier than air, there is no loss by not covering it. The top should never be covered.

MODE OF USING THE INHALER.

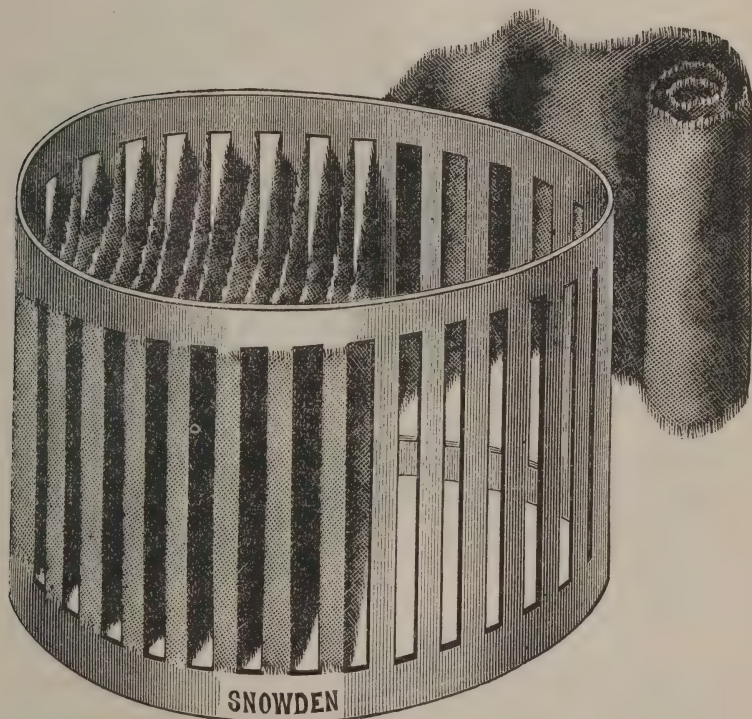


Fig. 3.

1st. Place a towel beneath the chin of the patient, as experience has taught that a towel should always be within reach in administering anæsthetics.

2d. Place the instrument over the face, covering the nose and chin, and let the patient breathe through it before any ether is applied. This will convince him that he is not to be deprived of air.

3rd. Begin with, literally, a few drops of ether ; this will not irritate the larynx. Add, in a few seconds, a few drops more, and as

soon as the patient is tolerant of the vapor, increase it gradually to its fullest effect.

4th. When the patient is fully influenced it is well to add a few drops at short intervals, and thus keep up a gradual anæsthetic affect.

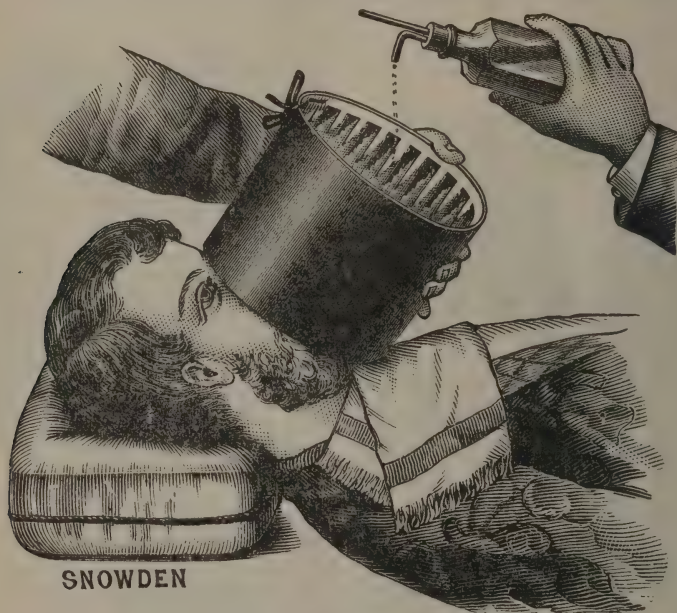


Fig. 4.

THE ADVANTAGES OF THE INHALER.

1st. It presents a large surface for the liberation of ether vapor. The partitions are made of thin bandage, and the air coming to both sides of each layer, sets the ether vapor free more rapidly than is possible in the use of a towel or sponge.

2d. It is open at the top, and the ether can be added constantly if desired, and in small quantities, without removing from the face. The sponge and towel both require removal, and the ether is usually poured on them in quantities.

3rd. The ether vapor falls by its weight, as it is heavier than the air; and as the instrument fits the face, the patient gets the full advantage of it.

4th. It does not cover the patients eyes, does not terrify him, and he often passes under its influence without a struggle.

5th. By its proper use the laryngeal irritation may be wholly avoided, the anæsthetic effect as easily gained as is possible with the use of ether, a great economy of ether, and great comfort to the patient.

This instrument has been in use in the United States and in Europe for the past four years, and may be said to have won a place among the standard instruments. It is made by Snowden Brothers, No. 7, S 11th St., Philadelphia, Pa.

A draw slip is furnished with each instrument,—the suggestion of Dr. W. W. Keen, Surgeon to St. Mary's Hospital; this prevents the bandage from being soiled, and can itself be changed in a few seconds.

When the effect of the anæsthetic is apparent, a single layer of a coarse towel may be laid over the nose and mouth, and the instrument replaced; this is a wise precaution against vomiting and spitting.

SPINAL DISEASES—THEIR SURGICAL TREATMENT.

Prof. E. C. Franklin, of the Homœopathic School of Practice, and Prof Sayre, of the Old School, are the recognized specialists in spinal diseases where mechanical appliances are required.

Dr. Franklin having improved some of the apparatus which Dr. Sayre brought into use in treating these suffering cripples. We will give the modes of treatment as in use by these two surgeons in their own language:

Sayre's treatment of Diseased Spine;—"The following abstract of the views of Dr. Sayre, given in the *Lancet* July 21st, 1877, will be welcome to many American readers: The great object of Dr. Sayre's treatment of diseased spine is to give rest or fixity to the diseased part, and so to localize the rest that the general locomotion of the patient may not be interfered with. If his Plaster-of-Paris bandage is happily

applied the patient soon finds his feet, and even ventures to jump in a way and with an expression that shows that the diseased spots are protected from pressure. This was strikingly shown in the case of a little girl at University College.

"The two points in the treatment are, first, to procure an extension of the spine; and, secondly, while the spine is extended, to apply a plaster-of-Paris bandage round the trunk from the ilium to the axilla. If this is properly applied while the spine is extended, it has the effect of holding the ribs still, preventing their action, and therefore the movement of their facets on the corresponding facets of the diseased vertebræ. The work of respiration is taken off the ribs and thrown upon the diaphragm.

"Before the patient is ready to be extended it is necessary to put on a close-fitting shirt, over which the plaster-of-Paris bandage is to be applied. This should consist of some elastic material, not with sleeves, but tying in a soft knot over the shoulders. To allow for the play of respiration, etc., and to prevent the pressure on the iliac bones, a pad of tow in a silk handkerchief should be put from below under the elastic skin-fitting shirt.

"In young girls approaching puberty a similar pad is placed over each mamma, to be withdrawn from above just before the plaster is set. It is withdrawn when the plaster begins to set. It is of great importance that there should be no inequalities in the shirt, as they would give rise to discomfort, and perhaps a sore.

"First, the extension of the spine. This may be procured by two assistants, one holding the patient by the axillæ, and the other drawing gently on the ankles. But Dr. Sayre has an apparatus for suspending the patient by straps under the occiput and the chin, and attached superiorly to a tripod of iron, the feet of which rest on the ground.

"As soon as the patient is raised carefully by this means from the ground, and provided that the straps fit well, there is

a marked expression of relief in the face of the patient, and a corresponding improvement in the shape of the spine, the curves, lateral or acute, being undone in a great measure.

“Secondly, without unnecessary delay, the bandages should now be applied. We must be particular in describing these. They should consist of crinoline, muslin or ‘cross-barred muslin.’ This has large interstices which take in more of the plaster-of-Paris than the common materials of which bandages are made. They should be three or four inches wide, and not too long. They should be somewhat loosely folded, and kept in an air-tight tin vessel. Before being used they are to be put vertically into water. When all the air bubbles have escaped from them they are ready for use. On being taken out of the water they should be gently squeezed, so as to get rid of all surplus water. Taking a roller in the hand, commence just around the smallest part of the body, going to the crest of the ilium and a little below it, and lay it round the body smoothly, but do not draw upon it at all. Simply unroll the bandage with one hand, while the other follows it and brings it into smooth, close contact with all the irregularities of the surface. After one or two thicknesses of bandage have been laid around the body in the manner described, Dr. Sayre places vertically narrow strips of flexible and perforated tin, two or three inches apart, parallel with each other, and in number sufficient to surround the body. These, which strengthen the bandage, while adding little to bulk or weight, are to be held by an assistant while the bandager continues to apply two or three more layers of the plaster-of-Paris bandage. As soon as the application of the bandage is complete the patient should be unsuspended and laid carefully on his back on a water-proof mattress, without bending the jacket of plaster-of-Paris which has been now applied. As soon as the patient is laid down, dry plaster should be shaken over the casing, so as to get more of the plaster into the dressing, rubbing it in with the hand.

Before the bandage sets, the surgeon should withdraw the two pads which were placed under the shirt, and then, by a slight pressure of the palmar side of the thumb in front of the ilium, and of the hand behind the crest, squeeze the cast forward, so as to allow for the bony projection. Where the bandage has been well prepared and applied it will be hard and dry in about half an hour, and the patient will feel comfortably supported. Spaces for the arms should be cut out.

"Where the upper dorsal or cervical vertebræ are affected, Dr. Sayre incorporates in his cast an instrument consisting of a light vertical bar, with lateral rib-like pieces of flexible tin, and having at its top a light apparatus for suspending the head and taking the weight of it off the affected portion of the spine.

"The plaster-of-Paris bandage is also applied, after extension by suspension, in cases of lateral curvature, with marked results in lengthening the patient, reducing the deformity, and curing the disease. Time must elapse before we can judge fully of the value of this treatment, but already its power to relieve patients, to increase their height, and to improve their looks, is apparent, and it is to be hailed as a dispensation from that yoke of iron appliances which has been at once so unbearably irksome, costly and useless."

Prof. E. C. Franklin of St. Louis, has recently issued a valuable monograph on Spinal Deformities, in which the modifications and improvements over Dr. Sayre's mode of treating spinal curvatures which he has made, is lucidly described, in fact he has made a clear *resume* of the subject in the light of our present knowledge of these diseases. In order to compare these modifications with Sayre's, we will make a few extracts bearing upon these points, leaving the reader to obtain and peruse the book for full elaboration :

"The method of applying my plaster jacket, although resembling that of Dr. Sayre on general principles, yet it differs considerably from that practiced by this eminent surgeon, as I

have suggested a number of improvements both in the application of the jacket, and in the construction of his 'jury mast,' which have greatly assisted me in the treatment of these, materially decreasing the length of the time required for a perfect cure.

"A closely fitting woolen shirt, either woven or knit, without seams, is put upon the patient, pulled down tightly over the hips, and held there in order to prevent its wrinkling, and the consequent irritation of the skin.

"The patient is then put in the suspensory apparatus, and while in a state of extension, the roller bandages, consisting of loosely woven cloth, (cross-barred muslin is the most appropriate), having been previously saturated, and its meshes completely filled with plaster-of-Paris, dextrine, starch, or any other substance which will retain its form, and become firmer and stronger after solidification, are then carried around the crests of the ilia, closely adapting the roller to the contour of this portion of the body, as many times as it is necessary to complete a strong and immovable support for the upper dressings.

"This I have denominated my artificial sacrum, and upon this my apparatus or artificial spine rests; for as the natural sacrum is the foundation of the normal spine, so the artificial sacrum gives firm support to the artificial spine.

"After allowing this to become partially hard and dry, a roller is to be carried round the body, encircling the entire trunk, from the crests of the ilia to the axillæ, making a solid parietal structure upon which a series of roughened perforated tin strips are laid.

"These strips should rest upon the artificial sacrum, and extend around the parietes of the abdomen and thorax, being placed about three or four inches apart. Another roller is then carefully carried upwards and downwards, interlacing and covering these artificial ribs, which form an additional support, and

allows a more firm adjustment of the bandages, until the body is completely and strongly encased; the patient all this time being held in the suspensory apparatus, until the dressings are set, when he should be placed upon an air bed, taking the supine position, till the encasement becomes thoroughly and completely dry.

“*The Artificial Spine.*—My improvement of Sayre’s ‘Jury mast,’ as employed at present, consists of two pieces of malleable iron, three-fourths of an inch in width, and long enough to extend from the artificial sacrum to a point above the distorted portion of the spine. The lower extremities of these two pieces of iron are bent at right angles to the perpendicular bars, or another rod is attached, which is moulded over the sacral plane foundation, extending upwards and forward to be closely adapted to the crests of the ilia on either sides. To this flat foundation bar is fixed other tin roughened strips, long enough to extend from the upper part of the chest down to the bar, and bending under it, are turned upwards upon the back to lie snugly against the previously dried jacket. This is to give firm support, in connection with the fenestrated ribs, to the artificial spine, from which is to be suspended the superincumbent weight of the body, while the diseased spine is at rest and undergoing the process of elongation and repair.

“The upright pieces, connected together at their upper extremities by two horizontal cross-bars, are about three inches apart, lie on either side of the jacketed spine, and are so tempered that they may be closely fitted to the contour of the external dressings. Three roughened perforated tin strips, about an inch wide, and of sufficient length to encompass the trunk, are riveted to this frame-work to answer the purpose of artificial ribs.

“This, when laid upon the foundation jacket, corresponding as it does with the natural spine and ribs, is to be firmly and evenly covered up by frequent turns of the plastered roller,

carried upwards and downwards, until it is strongly and securely held in position.

"From the upper circular portion of this iron frame-work a steel bar extends upwards, having two screws at its extremity placed one and a half inches apart, to which is fastened, by means of two corresponding slots, about one inch in length, a second bar, that curves over the head to the upper part and center of the vertex.

"By this arrangement of the two bars, they can be lengthened or shortened at will, and after rightly adjusting the moveable bar, and then securing it by screws, we have a firm and strong support, extending from the artificial sacrum upwards above the vertex, from which the head and shoulders can be suspended. To the second bar is attached a small cross-piece, playing upon a pivot to which occipitomenal straps are fastened for suspending the head.

"This may be effected also by means of plaster-strips attached to the upper portion of the thorax, and carried over the shoulders and down the back, and of sufficient length to form a loop to fasten to the upper portion of the second bar.

"When all are carefully and securely applied, the occipitomenal straps are attached to the circular cross-bar, care being taken that the pressure upon the chin be not so great as to create abrasions upon the tender cuticle of children. To prevent this, I would recommend that the parts subject to pressure be washed daily with a mixture of Arnica tincture and water, of the proportion of one part of the former to four of the latter. A daily application of this solution will prevent the tendency to abrasion of the sensitive cuticle in children so as not to interfere with the constant and continued use of the apparatus.

"In order to keep up a more continuous and gradual extension, I have substituted an elastic band, or rather introduced an elastic mento-occipital apparatus, in lieu of the unyielding leather straps of Prof. Sayre, the elasticity being proportioned

to the age and size of the child, and is intended to imitate, as nearly as possible, the springiness of the intervertebral cartilages in the natural state. The elastic bands being terminated with leather straps, rounded in the centre, so as to pass through a groove or ring in the attachment to the bar above the head.

"Constitutional Treatment.—Internal treatment should be especially directed towards the patient's general health, with a view of removing, if possible, the constitutional dyscrasia that exists, and upon which the local disease often depends. Thus, if the pathological condition depends upon a strumous, mercurial or syphilitic taint, the duty of the surgeon is to rectify, if possible, the constitutional cachexy by those remedies which are specifically adapted to one or the other of these disordered conditions.

"If the disease depends upon scrofula, this being a consequence of mal-nutrition, those remedies which, acting upon the processes of digestion and assimilation, improve their tone and vigor, are the most appropriate. If, however, it is dependent upon syphilitic poison, those measures are to be employed that will materially assist in completely eradicating the poison from the system.

"If the patient be a female, attention must be given to the condition of the uterine functions, and any irregularity be promptly corrected.

"It will be impossible, and indeed impracticable, in a work of this character to give all the indications of remedies to be employed throughout the treatment of this affection and the various complications that follow in its train. The appropriateness of the remedies to be employed will be shown by a careful and and systematic study of the *Materia Medica*. The following are the remedies recommended: *Asafœtida*, *Aurum*, *Bell.*, *Calc.*, *Carbol. ac.*, *Lachesis*, *Lycopod.*, *Merc.*, *Mezer.*, *Nat. mur.*, *Nit. ac.*, *Phos.*, *Puls.*, *Rhus.*, *Silicia*. *Staph.*, *Sulph.*

"Asafœtida.—Caries in scrofulous subjects; after the abuse of Mercury; ulcers, with edges highly inflamed, accompanied

by great sensitiveness; pus very thin, profuse and very offensive.

"*Belladonna*.—Severe cramps in the small of the back; lancinations, from without inwards, in the vertebræ, resembling stabs with a knife; fainting fits; furious delirium, with dilated pupils; labored breathing. Patient is worse in the afternoon, evening, or at night.

"*Calc. Carb.*—Stinging and cutting pains; can scarcely rise from his seat after having been seated; sickness at stomach and great weakness. Easily tired by bodily exertions; talking makes him weak; emaciation more or less apparent. Worse in the morning; also in the open air, and in wet weather.

"*Lachesis*.—Luxative pain in the small of the back, as from too great exertion, with awkward, tottering gait, and jerks taking away the breath.

"*Lycopodium*.—Sudden failing of strength; great thinness, feeling in small of the back as if flesh were loose; chilliness in back; stiffness, pinching, rheumatic tension, or drawing pains in the back; burning between scapulæ as if from a red-hot coal.

"*Mercurius*.—Gripping pains in small of back; bruised pains in whole of back; sinking, with an indescribable malaise of body and mind; paroxysms of spasmodic contractions in the limbs; copious perspiration at night, from which no relief is obtained. Worse on getting warm in bed.

"*Mezereum*.—Mercurial poisonings; rheumatic pains between shoulder blades, preventing motion; limbs feel as if shortened. Worse from touch or motion; relieved in open air.

"*Natrum Mur.*—Especially suitable in caries of the spine before suppuration has set in.

"*Nitric Acid*.—Especially suitable for lean persons with dark complexions, black hair and eyes. (Exactly opposite to Calc.) Syphilitic cachexia; mercurial poisonings.

"*Phosphorus*.—Pain as if back was broken; paralytic weakness of the small of back; sick and paralytic feeling of the

body. Spinous processes of the vertebræ, between the shoulder blades, are very sensitive to touch, also the muscles between the spinal column and left shoulder blade.

"*Pulsatilla*.—Aching pains, as if weary; lacerating or stitching pains in back; excessive debility; tremulous weakness; gloomy and melancholy; peevishness; interscapular pain. Worse by inspiration.

"*Rhus Tox*.—Numbness and stiffness of the limbs; gait slow, dragging, difficult; sudden paroxysms of fainting; tightness of breath, and contractive sensation in the chest; worse on beginning to move, better from continued motion. Curvature of dorsal vertebræ.

"*Silicia*.—Lameness of the back, with pressure and tension, especially on touching it; violent spasmodic pains; inflamed psoas; abscess; sinuses from abscess; severe bone pains; heaviness of the lower limbs.

"*Staphysagria*.—Stitches as with knives between the cervical vertebræ. Weakness of the muscles of the neck, with heaviness of the head, which falls forwards while sitting, or has to be leaned against something backwards or sideways; soreness and drawing pressure in the upper vertebræ, also severe stitches in the same upwards. Suppurating swelling in the psoas muscles.

"*Sulphur*.—Nightly suffocative fits; taciturn, out of humor; drawing and pulsating pains in back; creaking and cracking of the vertebræ, especially on bending the head back, and pressing it on the pillow.

He illustrates his success with some cases, and further states: "It was in one of these cases that I was compelled to study out a substitute for Prof. Sayre's method of support and retention, which held the parts in situ for a short time, but they soon returned to their original misshapen contour. It occurred to me that if I could make the sacral plane more firm and unyielding, the rotation would be prevented. I, therefore,

conceived the idea of attaching the flat flexible bar to the upright columns, which should be adapted closely to the foundation structure, and, passing upward and forward, hug closely the crests of the ilia, to form a fundamental sacral base.

“Over this were bent the corrugated tin strips, which, with the fenestrated ribs, held in situ by the plaster roller, made a fixed and firm support in antero-posterior curvature, and an immovable barrier, against which the contracted muscles, in lateral curvature pulled in vain.

“The plaster jacket and artificial spine can be changed as often as may be desirable to accomodate itself to the increased development and rectification of the patient. With my own improvement applied, I have not found it necessary to remove the dressings oftener than once in two months, especially in cool weather.

“In warm weather my plan is not to put on the foundation structure too thick, which renders it more comfortable to be worn, and can be removed and re-applied with less difficulty. In the majority of early deformity cases, and before the bones and ligaments have undergone much structural change, I have found no other apparatus to be required than that one I have described. I believe that every case of youthful spinal curvature can be completely and perfectly cured by the foregoing method. In cases of adults, however, in which the deformity has existed for a long time, and the bones have become greatly changed in form and structure, the rectification of the deformity is an exceedingly slow process. In certain cases of lateral curvature it is absolutely necessary, in addition to the methods given for its treatment under that subject, to divide the contracted muscles subcutaneously, and thus let loose the imprisoned side of the body. Without dividing or rupturing whatever muscles antagonize the curative action in such cases, it is simply impossible to straighten up a deformed spine. Prof. Sayre relates a case, wherein the muscular contracture was so great

during suspension that it was impossible to straighten the patient until the fibres of the antagonistic muscle were divided. A reflex spasm of nearly all the muscles of the body was produced, by making pressure upon the contracted muscle with his finger. He therefore divided this muscle with a strong tenotome, and with a short, sawing motion, while with his thumb he pressed firmly upon the tightly drawn band. The fibres snapped as they were being divided, and the obstacle to restitution being removed, the spinal deformity was sensibly diminished. The pain attendant upon this operation is comparatively slight; the wound is dressed with adhesive plaster, a roller is firmly adjusted around the body, and the patient is made to feel quite comfortable. In only one case have I experienced this exceedingly great muscular tension, which was finally overcome by diligent, gradual, and persistent efforts, the patient making a good recovery.

SPINAL CURVATURE.

BY WILLIAM GALLUPE, M. D., BANGOR, MAINE.

DR. E. A. LODGE, *General Editor of American Homœopathic Observer*.—*Dear Sir:*—I notice in the United States Medical Investigator, of Chicago, a communication from Prof. E. C. Franklin, of St Louis, with remarks on spinal curvature, in reply to Dr. E. Stevenson, as suggested in the number of July 15th, page 70, under the caption of "Counsel wanted on the Inquiry, Can the Homœopathic remedies be relied on to cure spinal curvatures without postural or other support?" His reply is *unhesitatingly, no*, if the disease has progressed so far as to produce actual spinal curvature.

In relation to this subject, I wish to report two cases through your journal, which came under my observation and treatment some years since. One an anterior, the other a lateral curvature, both of which were treated by internal homœopathic remedies, without any such support, and with good result.

CASE FIRST.

Mr. McK——, aged about forty, of middle stature and rather dark complexion, never of robust health, but able to accomplish ordinary labor, had been much troubled about the cervical and upper dorsal spine, for five or six years or more, with a gradual increase of aching pains and tenderness of this portion of the spine, and with anterior curvature which had come on gradually and extending.

When I first saw him, if standing erect, his head would be bent over forward so that his face would be about at right angles with his body, and could not straighten it up more with the body standing erect. When walking about, would be obliged to stop and turn his body to the right or left to enable him to look forward and see what was forward of him or what he was to meet with, he could not raise his head sufficient without.

The vertebræ of the cervical and upper dorsal spine were quite tender to pressure, with much feverish heat about the part, and aching uneasy feeling more or less constant. Said he had not been able to lie on his back or turn over on the softest bed for more than a year, but was obliged to get out of bed and go around to the other side of the bed in order to change sides in the bed, from the tenderness and aching distress in the spinal column from the pressure. He supposed it had been brought on by lifting and working with his head down; that he had suffered much from it, for three or four years; had not been able to do much the past year, and the deformity and suffering had been gradually increasing. His nights were restless and uneasy, with much general feverish heat, frequent awaking and unrefreshing sleep, rather more quiet after the middle of the night; that he had no humour about him that he was aware of; but had at times some itching pimples come out on different parts of him for a few days, and thinks they were most felt or noticed when in bed or removing his clothes;

thinks he had the *scabies* when fourteen or fifteen years old, and supposed cured it by the common use of ointments, as that was the general course pursued with it; that he had been using medicines considerably under the advice of regular physicians, but without much, if any, benefit; his difficulties had been gradually gaining upon him.

This case I considered was suffering from a suppressed humour, of psoric taint, and the prominently marked symptoms were characterized by the pathogenetic symptoms of Sulphur, which had been located prominently upon the spinal column.

The case was cured with powders of 3 or 4 pellets each, of Sulphur 30th potency. Doses were repeated once in three to five days during the first four weeks, and from five to seven and ten days during the latter part of the treatment, bathing, about the chest, body and spinal column, every evening with fresh cool water, and keeping the parts covered and from the air, with no lateral support except what he got from the back of his chair, or horizontal position, when he felt a desire for it.

I saw the case once in three or four weeks, and at each examination there was a general improvement going on. During the first three weeks there was marked improvement commenced; rested much better nights; less sensitiveness of the spinal column, and more quiet, easy feeling about the parts. During the next four weeks he could straighten his head up more, and was feeling better and stronger. In the course of five months treatment the spinal column had straightened up so that he could walk with his head pretty fairly erect; could see what was forward of him. The heat and tenderness of the spinal column subsided entirely; could lay on his back and sleep quietly, and even on the hard floor; his general health and strength greatly improved.

I used no higher development of potency, as they had not then been used much, and I had not, at that time, any exper-

ience with their curative power as I have since learned and value highly, in the cure of deeply seated or obscure chronic diseases.

Soon after the treatment of this case I was called upon to treat another case of similar character, of which I will report.

CASE SECOND.

Mr. O——, aged about seventeen, of light complexion, freckled face and slim form, had been much troubled for about three years with aching and distressed feeling ; with tenderness about the spinal column, most severe about the small of the back at first, but extended over the whole spinal column ; with much general weakness of the system ; had never enjoyed robust health ; had been under use of allopathic prescriptions much of the time, and for the last two months had been using the galvanic machine under direction of a physician, but without any perceptible benefit ; had used some lateral support to the spinal column, but there had been an increasing deformity for about two years.

Now, on my first examination, the spinal column from the sacrum to the neck, a lateral curvature, would form a pretty fair letter **S** ; on passing the fingers over the spinal edge of the left scapula, and as far under the upper angle as could well pass it, the spinal column passed the outer side of it, and a corresponding curvature to the right side above the sacrum ; with much tenderness and feverish heat over every vertebra from the sacrum to the neck ; could not bear to lie on his back or to turn over in bed on the softest that could be made for him for about a year ; was obliged to get out of bed and go around to the other side in order to change sides ; could not rest against the back of a chair without having the middle slats removed, so as to rest the outer edge of the shoulders against the posts of the chair, and also to rest his forearms upon the arms of the chair, so as to take the weight from the spinal column ; nor could he arise from the chair without resting his hands upon the arms of

it, and in order to get upon his feet, required the use of a cane in each hand ; could not bear to walk but a few rods at a time without resting, and with a cane in each hand, and but carefully shuffling along, without suffering from it afterwards; very restless and unquiet state nights, and sleep unrefreshing ; thinks rested best during the middle of the night, feverish, dry state of the skin generally, and state of bowels inclined to be constipated.

Such was his suffering condition on my first examination of his case. Had some itching pimples come out about his chest, arms and body at times, and were most perceptible after retiring and during the night ; recollects having the *scabies* when young, and of using sulphur ointment as was the common custom, and supposed cured it. Walking fatigued him much ; and had been obliged to sit in his arm-chair much of the time, or a horizontal position on the bed, and this could not bear long at a time ; must change position often.

This was a clear case to me of the result of a suppressed humour, and has fastened itself upon the spinal column from which he was suffering; that his confinement on the hard benches of the school room and holding his heavy books had added much to his sufferings and aggravations of the case; that the pathogenetic symptoms of Sulphur were strongly indicated and covered the most of his symptoms ; and between Sulphur and Calcareo carb. he must find much relief, if not a radical cure, if properly and carefully administered.

As the state of his stomach and bowels were somewhat in a restricted state, I gave him two powders of *Nux vom.* 30th potency, of three pellets each, to be used during the week, three or four days apart, and after the week follow with powders of Sulphur 30th potency of three or four pellets each, to repeat once in three to four days at evening, possibly five days ; to bathe the spine, chest and bowels every evening with fresh, cool water before retiring, so as to give a comfortable good glow of feeling, and then cover over so as to exclude the air ; to use

plain and simple nourishing food, and avoid all heating condiments, and report to me in the course of four weeks; to take such position in chair or bed as felt most comfortable to him, and change of position often; to walk but little at a time, as could without much fatigue, so as to give him rest from position; to breathe the open air as much as he could without exposure to sudden changes.

Report about the close of the fourth week; feels much better; rested better nights; much less heat and uneasy aching about the spinal column; state of stomach and bowels sensibly improved from the two first powders, and quite regular since; can stir about with much more freedom and ease, and can sit in chair more easily.

R.—To continue the use of the same remedy, repeating doses once in five to seven days, or longer; it felt improvement progressing generally, and to report in about four weeks.

After four weeks reports much improvement generally; could lie on his back with but little uneasiness; get up from chair and walk some without a cane; the spinal column straightening up sensibly; feels stronger and more vigorous; sleep is much more calm and refreshing; appetite more regular; the cool water bathing is very refreshing.

R.—To continue use of same powders another four weeks, repeating only in seven to ten days.

Reports in four weeks improvement was progressive but less prominent.

Now gave Calca. carb. 30th potency, to repeat doses only five to seven days for the next six weeks. Reports with much benefit about the spinal column, which was now getting considerably straightened up and could bear considerable pressure from the hand without pain from it.

Now returned to *Sulphur* again of same potency as before, repeating doses in seven to ten days. At the expiration of about six months of treatment, the spinal column was about its normal straightness from the sacrum to the neck; could walk quite freely without the aid of his staff a reasonable distance; get up and sit down in chair without any aid from hands or arms; and, before the expiration of eight months, could walk a mile with ease; could lie on his back on the floor and take a nap without inconvenience. I urged him to keep on the cautious side and gradually to extend his exercise as he could bear it.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER,

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UNIVERSITY OF MICHIGAN, HOMŒOPATHIC DEPARTMENT.

One of the oldest physicians of Michigan writes:

"E. A. LODGE, M. D.,—*My Dear Doctor*—Permit me to express my sincere thanks to you for the *bold, timely and truthful* expression given by you in the last number of the OBSERVER in response to the cowardly attack that has been inaugurated against Prof. Jones. Your position will have great weight not only with the Profession but also with the Regents and people. You may count upon me, every time, as a co-laborer in that field, and you will secure a great and lasting good purpose by carrying this 'war into Africa.'"

Another physician, who was a practitioner of Michigan when we removed here, nearly twenty years ago, says:

"Please accept my thanks for your well-timed, unanswerable and pointed introductory to Dr. Dake's communication relative to our unhappy differences respecting University interests. A more infamous and cowardly attempt to blackmail a worthy and hard-worked medical Professor never polluted the U. S. mail-bags than that postal card under the disguise of the authority of "Many Homœopathsists." This I am told is the work of Dr.——, the man who aspires to fill a place in the faculty of a department of a great University. They play the game too heavy, and their unchristian and unjust course will insure their own defeat. I am in receipt of many letters asking me to use my influence against the removal of the persecuted professor. I am doing what I can to prevent so unfortunate an occurrence as his removal would involve."

Surgical Observations.

BUSHROD W. JAMES, A. M., M. D., 18TH AND GREEN STS., PHILADELPHIA, EDITOR.

IMPROVED INSTRUMENTS.

GROSS' URETHROTOME is modelled after the exploratory bougie, and the bulb, which is conoidal in its configuration, carries a concealed blade, which may be protruded to the extent of one millimetre and a half beyond the level of the bulb, by sliding the button at the proximal extremity of the stem of the instrument. The bulbs themselves vary in size, in accordance with the requirements of each individual case; the smallest corresponding with number 10, and the stem with number 6. In the larger instruments, the stem equals number nine. The entire length of the contrivance is $10\frac{1}{2}$ inches, of which two inches are taken up by the handle and the screw which confines the stylet carrying the blade on its retraction.

The instrument is passed into the urethra (the blade being within the bulb,) beyond the seat of stricture; when the blade is protruded by sliding the button near the handle; the instrument is then withdrawn (the blade still protruding,) cutting from within, outward. (See cut No. 1.)



Fig. 1.

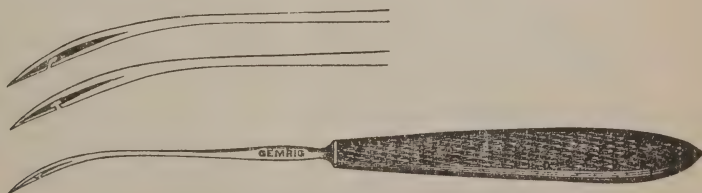


Fig. 2.

STEWART'S PERINEAL NEEDLE consists of *three* separate needles, each in a fixed handle; one is an ordinary needle in a fixed handle with the eye near the point; the other two have the eye near the point, and also have a slot or groove passing to the circumference of the needle; the one slot passing directly outwards, the other passing oblique towards the point. In using these needles the suture is passed into the eye of the needle in which the slot is oblique and towards the point, the needle is then

passed through the *one* edge of the wound, the other needle, (whose slot passes directly outwards) is then passed through the opposite lip of the wound—*without being threaded*—the suture from the first needle is then looped into the eye of the second, and the needles are then withdrawn; the second needle carrying the suture. (See cut No. 2.)

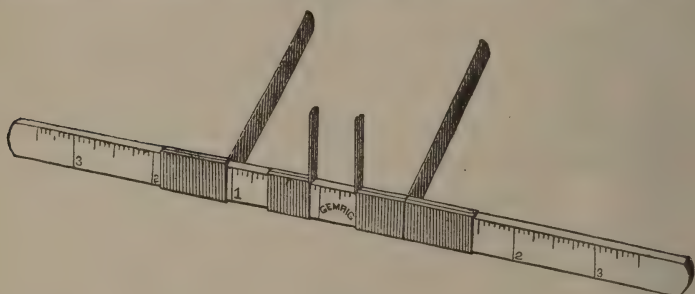
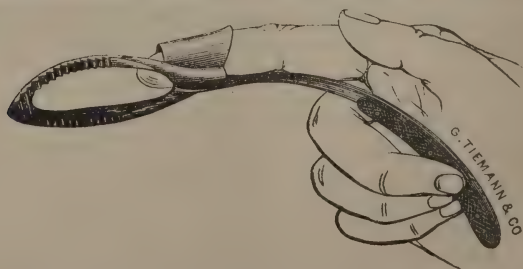


Fig. 3.

KEYSER'S PROSOPOMETER is used for measuring the width of the forehead and bridge of the nose, in the manufacture of spectacle frames. The staff of the instrument is marked off in inches and fractions of an inch: the two smaller arms are placed one on either side of the nose at the bridge; this registers the width for the saddle of the frame; the larger arms are placed in like manner on either side of the forehead, giving the width that the frame shall be made to be worn with comfort. (See cut No 3.)

YARROW'S ENUCLEATOR.

This new apparatus is little more than an instrumental finger, but made of such a shape as to be of use in removing abnormal granulations or portions of undetached placenta, &c., from the uterus when the hand or finger cannot be introduced to reach the parts. (See cut.)



The inventor thus speaks of it in the Philadelphia Medical and Surgical Reporter: "The improved enucleator by H. C. Yarrow, M. D. is more or less a modification of Dr. T. Gaillard Thomas' serrated scoop."

“ The first part is an oval, spoon-shaped fenestrated scoop, with serrations on the edge and face, the second part is a collar or band of flexible steel, with a slit in its posterior surface to fit on the finger, and a curved handle of steel partly faced with wood, which passes down the palmar surface of the forefinger, and is held in the hollow of the palm by the middle ring and little fingers. This handle gives a support to the scoop part of the instrument, and reinforces the index finger, so that almost any degree of reasonable force may be applied ; it also prevents the slit in the finger collar from opening when pressure is made, which would seriously interfere with the proper application of the instrument. When little force is to be applied, the handle may be detached from the scoop proper, as it unscrews at a point a little behind the lower border of the finger collar. In using this enucleator, it is really surprising how readily structures and growths may be tactually appreciated, as the impulse arising from contact with them is transmitted to the pulp of the finger through the limbs of the scoop almost as well as by the direct touch. Although this instrument was originally designed for a special purpose, it may perhaps be put to other uses, as, for instance, to remove the ovum in cases of miscarriage.”

CASES OF GOITRE TREATED BY ELECTROLYSIS.

BY JOHN BUTLER, M. D., NEW YORK.

FIBRO-NODULAR GOITRE.

On November 20th, 1876, Misses N. T. and S. T., twin sisters, were sent to me for treatment, by my friend Dr. Archer, of Brooklyn.

They seemed to be healthy looking girls, apparently about eighteen years of age. Miss N. T. showed a fibro-nodular goitre, involving the isthmus and both alæ of the thyroid. The neck measured $16\frac{1}{8}$ inches in circumference. Miss S. T. had a similar growth involving both alæ, but not the isthmus of the thyroid. The measurement of the neck, in her case, was $15\frac{1}{4}$ inches. On the 21st I used an external application of galvanism on both young ladies, which I repeated daily up to the 27th. On the 27th I introduced into the growth on Miss N. T. two needles, one into the isthmus and the other into the right alæ, transmitting thereby a mild galvanic current. I continued the external applications in her case about three times a week, up to January 25th. In the case of Miss S. T. the external applications were also continued up to the same date. At that time the measurement of the neck in the first case was $14\frac{1}{2}$ inches, and in

the other $13\frac{3}{4}$. After this, the applications in both cases were made more rarely; about twice a week.

On February 9th the measurement in the case of Miss N. T. was $14\frac{1}{2}$ inches, and in that of Miss S. T. $13\frac{1}{4}$. On March 1st I dismissed Miss S. T., cured; the growth had entirely disappeared. At the same date the tumor on Miss N. T. had not changed as far as the right alæ was concerned, but had disappeared from the left; and the enlargement of the isthmus had very much decreased.

On March 7th I electrolyzed these parts with a galvanic current of medium intensity, for twenty minutes, using two needles, one from each pole of the battery.

After this the progressive diminution was more perceptible, and at the end of a month the measurement around the neck was $13\frac{1}{4}$ inches.

Part of the growth still remaining, I repeated the operation last described, and at the beginning of May had the satisfaction of also dismissing her cured.

ADENOID GOITRE.

Miss E. D., age twenty-one, was sent to me on June 21st, 1877, by Dr. South, of Plainfield, N. J. She complained of a large growth just below the larynx in the centre of the anterior part of the neck, which interfered with her voice and impeded respiration. This tumor had been growing some four years, and lately had rapidly increased. I diagnosed the case as one of adenoid goitre, and gave a favorable prognosis. I then operated by inserting two insulated platinum needles, active at their points, for about an inch, obliquely into the growth, and about an inch apart. These were connected with six cells of Daniell's battery. The application was continued for about fifteen minutes. This operation was repeated on the 23rd, from which time I did not again see her until July 7th, at which time I found the growth, though very much inflamed, considerably reduced in size, and discharging pus freely from the opening made by the negative needle. Her temperature was $101\frac{1}{2}$, and pulse 96. A very small portion of the growth seemed not to have been acted upon at all by the current, so I made another mild application. On the 16th I had another interview with the patient. The whole growth seems to have disappeared. Dismissed to report in September. September 20th., a very slight enlargement of the gland remaining, I introduced two very small needles, and transmitted a very mild current for about five minutes. This effectually removed all the morbid tissue, and now she has not a vestige of the original trouble remaining.

In none of these cases was the current used of sufficient intensity to produce pain, and any pain that the insertion of the needle might produce was entirely avoided by a local anæsthetic.

There was no scar or any evidence in any of the cases to show that any morbid growth had ever existed.

Materia Medica.

PROF. S. A. JONES, M.D., ANN ARBOR, MICH., EDITOR.

PHYSOSTIGMATIS FABÆ.

PROVINGS BY WILLIAM E. PAYNE, M. D.*

GENTLEMEN,—I present the following provings of *Physostigma* (Calabar Bean) in fulfilment of the duty required of me as a member of the Committee on *Materia Medica*.

The symptoms recorded below, and those obtained by other persons, are a sufficient guarantee that the *Physostigma* will take high rank among the drugs of our *materia medica*.

The *Calabar Bean* was introduced into the old school *Pharmacopœia* in 1867. Its *physiological*, or, rather *toxic* effects, as seen by that school, are thus summarized by *Pereira* :—

“1. The *Calabar Bean*, when acting as a poison, may produce death, either by paralysis of respiration—*asphyxia*—or by diminishing the frequency of the heart's action, and then finally stopping its contractions—*syncope*. 2. The paralysis resulting seems to be due to an action upon the spinal cord as a *reflex centre*. 3. Its cardiac effect is most probably due, not to an increase of the inhibitory power of the *vagus*, but by paralyzing the exciting ganglia of the heart. 4. *Physostigma*, however, after a time paralyzes the motor or afferent spinal nerves, its action commencing in the peripheric extremities, like *Conium* and *Curara*. 5. The effects on the smaller blood vessels are : first, contraction, and afterwards dilatation. Large doses at once arrest cardiac movements ; smaller doses make them grow less quickly feeble. 6. The pupil is found alternately to dilate and contract ; at the moment of death it is contracted, but immediately afterwards it is dilated. Applied to the eye-ball, it produces a somewhat painful sensation of tension in the ciliary region, contraction of the pupil, myopia, and astigmatism, with frequent congestion of the conjunctival vessels, pain in the supra-orbital region and twitching of the *orbicularis palpebrarum* muscles ; and the *therapeutic* use they thus summarize : beneficial in *erysipelas*, *various neuralgic affections*, *rheumatic fever*, *acute bronchitis*, *delirium tremens*, *tetanus*, *epilepsy*, *chorea*, and as an antidote in poisoning by *Strychnine*. Its prin-

* Presented to the Maine Homœopathic Medical Society. Republished from the New England Medical Gazette.

cial use, however, is as an external application in ophthalmic surgery, as it possesses the power of contracting the pupil when applied to the eye, producing an equally certain, although exactly the reverse effect of *Belladonna*."

In this we get some idea as to the poisonous power of the drug, and some hints as to its therapeutic use, but comparatively trifling compared with what the drug presents in homœopathic hands.

The breathless feeling, and inclination to make a deep and sighing respiration, as shown in the provings below, indicate that the *Calabar Bean* acts directly upon the *pneumo-gastric nerve*, striking at the very centre of life, and thus promising to become useful in those threatened diseased conditions which have so often resulted latterly in sudden death. It oftener affects the left than the right side of the body, and has proved useful in a case where there was pain in the left iliac region, extending down the left thigh (outer side).

DR. W. E. PAYNE, aged 58 years, temperate and active habits, 7 o'clock A. M., Feb. 12, took 10 grains, 30th trituration, (centesimal) of *Physostigma*, dissolved in a tablespoonful of water, fasting one hour; 12 M., sense of great fatigue (general) with fulness in forehead, and tendency to ache, mostly right side; face feels hot, flushed, and suffused, together with a general feeling as if a change to a lower temperature would produce a chill; appetite less than usual, with occasional nausea. These sensations continued throughout the afternoon. 8 P. M., shooting pains in the left iliac region,—a few thrusts, with aching sensation down the outer side of the thigh of same side. Head continues to ache; and at 9 P. M., a feeling as if a hard body were lying in the stomach, like undigested food.

A sensation in the nasal passages, as if a fresh cold were developing, with several turns of sneezing; aching in joints of wrists and hands, also in the knees.

Feb. 13, 7.45 A. M., took 20 grains dissolved in water, and breakfasted an hour later. Just before sitting down to breakfast, a breathless sensation was felt at the pit of the stomach, together with a hard feeling as if from undigested food. These sensations successively increased and decreased, generally momentarily, relieved by making deep inspirations. Deep-seated pain in the head all day; brain feels as if bruised when making a misstep. Fine pains around the lower jaw, right side.

Feb. 14, 8 o'clock A. M., took 20 grains dissolved in water. An hour later had the same breathless feeling, as before, commencing at the epigastrium, together with the same hard feel-

ing, as if from undigested food. A grumbling pain in right side of the head, and a general sensation as if it would increase, nevertheless it did not, but continued the same all the forenoon.

Feb. 17, 7.30 A. M., took 20 grains dissolved. 11.30 A. M., dull, heavy, bruising pain in the whole brain, but more in the left temple, with a general feeling of great fatigue, which continued through the afternoon till evening, and a general sensitiveness to cold, or change to a lower temperature. 6 P. M., a constrictive pain suddenly seized the left arm, extending around and just above the elbow; and at 7 o'clock a similar pain (constrictive) around the left leg just above the ankle; pain intermitting. 7½ o'clock, pain shooting under the knee of the left leg, in the popliteal space, and a moment or two later it returned again. Still later a constrictive pain was felt on the other side, or inner side of the left leg, just above the ankle. The sleep during the night was undisturbed, and by the following day the symptoms had all passed away.

On the morning of the 21st of February, at 2½ o'clock, was awakened by a severe pain in the epigastrium, just under the ensiform cartilage, extending upwards into the chest, and thence outwards into each arm. The pain at the epigastrium appeared as if produced by a hard pressure against the lower end of the sternum, and this sensation of pain and pressure extended all along the attachment of the diaphragm to the lower border of the ribs, and through to the back, to about the fifth dorsal vertebra, with a sensation as though the pain was squeezed out into the arms,—aching at times, and at times quite acute. The pain was accompanied by frequent yawning and deep respiration, occasional perspiration and great restlessness. The suffering was intense, and continued without intermission for about sixteen hours, notwithstanding the employment of several remedies, when at length it yielded to *Arnica*³⁰ taken in repeated doses.

The pulse was accelerated (96), usually 74. Headache in the right temple; at first a heavy, dull pain, which afterwards became pulsative and occasionally darting. Bowels greatly constipated, a very unusual thing with the prover. Frequent and tasteless eructations without relief, tenderness to pressure over the epigastric region during the severe pain. Flow of urine excessive, pale, and odorless,—some three quarts voided in the course of fourteen hours. During the pain very restless, no position seemed to afford relief. The night following, relief from pain, very wakeful—scarcely closed my eyes in sleep;

thoughts very active—an idea started kept on with unusual persistency.

[The symptoms recorded from the 21st I offer for further consideration. If confirmed by other provers I shall be willing to accept them as the genuine effect of the drug. They seem too violent and persistent for a drug so extremely attenuated.]

GALEN ALLEN,—a student of medicine of mature age, and in good health,—took, March 11, 1874, 7½ o'clock A. M., about ten grains of the 3d centesimal trituration of *Physostigma*.

7.45, a rush of blood to the frontal and temporal regions. 8.30, slight nausea, weight in the stomach of undigested food, giddiness, sensation as if the brain were loose and rolling in the head. 9 A. M., pulse variable, full, and strong, heavy pain in frontal region, worse from motion. 10.30 A. M., burning sensation in the stomach, with hot eructations; slight nausea. 11.30 A. M., darting pains in epigastric region. 12 M., griping pains in pit of stomach; giddiness. 1 P. M., pain in stomach continues, with giddiness. 2 P. M., darting pains in the head; stomach disturbed; slight nausea. 2.30 P. M., the griping pains at pit of stomach continue; darting pains in temporal region, worse from motion. 4.45 P. M., head still aches; giddiness; nausea, with cold feeling. 6 P. M., griping pains, and soreness in pit in pit of stomach; dull pain and confused feeling in the head, aggravated by motion. 9 A. M., pain continues in stomach, when not asleep; feel sore all over; seem to have a severe cold; rheumatic pains in left side of neck and left shoulder. Took *Aconite*, which proved effective for relief.

SECOND PROVING.

March 10, 1874, 6.30 A. M., took ten grains dissolved in water. 6.45, slight nausea; darting, transient pains in frontal and temporal regions, worse from motion. 7.15, griping pains in right hypochondrium; darting pains in frontal and temporal regions, worse from motion; deep sighing. 7.30, pulse variable; heavy, feeling in the head, and darting pains through temporal region, worse from motion; giddiness; slight nausea; sighing. 9 A. M. griping pains in the stomach. 10, oppressed sensation in the stomach; slight nausea; giddiness, worse from motion; better in open air; darting pains in right hypochondrium; constricted feeling in the head, as though something was tied around it.

11 A. M., soreness and transient pains in epigastrium; soreness and pains, as from rheumatism in left side of neck; pulse variable; giddiness; stomach unsettled; sighing; soreness in lumbar region.

2 P. M., transient pains in the stomach, and sensation as from undigested food ; acute pains in left elbow, darting from thence to fourth and fifth fingers [these pains seemed to begin in the left side of the neck and elbow, and thence extend to the left leg, locating in the left knee, and were constant for hours] ; giddiness ; head feels constricted.

3 P. M., griping pains in epigastric region, which is sore to touch ; darting pains in the head, worse from motion ; pains in the elbow (left) continue.

8 P. M., giddiness has been a constant symptom. 9 P. M., trouble in epigastric region continues ; soreness in lumbar region, with dull, heavy pains ; slight feeling of paralysis in left side throughout.

March 20. During the previous night was awakened two or three times with darting pains in the cardiac region, with a sensation as of undigested food in the stomach, and a feeling of paralysis in the left side ; urine light colored, and quite large in quantity ; stool lumpy and mingled with watery discharge ; soreness, and pain continue in the epigastric region.

10 P. M., slight giddiness and nausea all the afternoon ; dull pain in the head ; heavy pains and soreness in the lumbar region ; constipated (very unusual) ; urine light colored and abundant ; a severe, heavy pain in the lumbar region has followed me all day.

Mrs. A. took ten grains 3d centesimal trituration, and experienced sharp pains in left side of the head, and afterwards in the right side ; pain in the left arm, then in right side, in region of liver, extending thence to right shoulder. Two days later had hard pain in the stomach.

The fears of serious consequences deterred this prover from going forward.

CONCERNING FLUXION POTENCIES.

BY T. BACMEISTER, M.D., TOULON, ILL.

Inasmuch as the OBSERVER has of late been the battle ground of the fluxion and anti-fluxion champions and the subject still remains in its old obscurity in spite of much talk, I beg leave to submit the following, in the hope that it may help to a just estimate of the merits or demerits of the preparations made by this process, and more especially those put forward by Dr. Swan.

From the articles by Drs. Swan and Prof. Jones, it is very evident that neither of them understand the philosophy of the fluxion process in the least, and though the latter seems to be well convinced that these potencies are not what they are represented to be, yet he fails entirely to prove his positions, excepting the one referring to Dr. Swan's manner of making $m\ m$ out of m , which had however been correctly criticised before by Prof. Burdick.

Thus when Swan asserts that to make any number of potency you have to use 100 times as many drops of water in the process, he speaks correctly if the method of manufacture is Hahnemannian, but when he contends that a corresponding potency is made by running that amount of water through his potentizer, he is very sadly mistaken. When Prof. Jones asserts that Swan's running 1,000,000 drops through his engine the resulting potency is analogous to Hahnemann 3rd, he is equally mistaken, as a moments consideration will show. 1,000,000 drops of water with one drop of tincture do indeed make the third, but only under the condition that this drop be equally and evenly distributed throughout the whole million drops. This condition is absolutely impossible under Dr. Swan's proceeding, because though he never empties his vial, every drop as fast it runs in causes an overflow of another drop, and as in the early stages of the proceeding a less diluted fluid overflows than in the latter, it is absolutely impossible that the drop of tincture originally used be *evenly* distributed throughout the whole of the million drops. Prof. Jones' calculations are therefore wrong.

To subject the fluxion process to a critical examination, and thus if possible put an end to an unprofitable dispute, let us enquire what are the characteristics of the Hahnemanian process? "tincture 1 drop, alcohol 100, mix them well and throw away but one drop, again alcohol 100 drops, mix and throw away, etc." What *function* do the 100 drops perform here? *They divide the 1 drop into 100 equal parts*, and form one additional potency at each step.

Now what is fluxion, as practiced by Fincke & Swan? Take a suitable vial, fill it full of tincture (or potency as you please) and direct into this vial a small stream of water.—Now what are the

characteristics of this process? The very first drop which enters, mixes with the tincture and displaces a drop of this mixture, the second drop does the same and so on as long as the stream continues, *every single drop causes a change in the fluid in the potentizer*, and of course as the process continues the tincture is more and more diluted. Therefore in the fluxion process the division or dilution of the tincture resides in the *single drop*, whereas in the Hahnemannian process it resides in each *hundred drops*, and it is perfectly inconceivable to me how the fluxion makers ever came to reckon by 100 drops and calculate their dilutions accordingly! True, Dr. Swan says while I put in one hundred, I put out a hundred by overflow, but what under heavens has the number 100 to do with it? don't you lose *any* number of drops you put in, from 1 to a barrel full? why then figure by hundreds? I opine it is just this one hundred drop business which has covered these men's eyes with truly Egyptian darkness; and made them persuade themselves that fluxion dilutes as fast as Hahnemann's process.—Indeed as fast as Hahnemann! Your little four year-old knows better than that; if you send her to the hydrant to rinse out a dish, does she fill and empty (Hahnemann) or does she let the water run and overflow (Swan)? the latter for play to be sure, but when you call her to hurry back she fills and empties. Suppose you take two buckets each full of whitewash to your hydrant, take the first and empty and fill and repeat, you will have it clean in 3 minutes, put the second under the spout for $\frac{1}{2}$ an hour and it will probably show some white yet.

Now in order to learn the properties of dilution inherent in this fluxion process let us take an actual case; say we have a vial holding 100 drops of tincture when full. Now we add 1 drop, what follows? Water and tincture mingle and 1 drop of the mixture overflows, how much is left of tincture in the still full vial? 99 per cent. (strictly a little fraction over which for the present we will ignore). Suppose now our vial were capable of holding 200 drops, the remainder after the 1 drop passage would be 199 drops, or $99\frac{1}{2}$ per cent. We can now understand that the number of drops contained in the potentizer is a matter of first importance, must be *one of the factors* in all calculations as to results obtained. Dr. Swan will there-

fore have to show *why* his vial holds just 400 drops neither more nor less, does he know the reason? if so he has failed to give it.

Now let us go back to our 100 drop vial as it was before the start; to prevent too great prolixity instead of going by single drops let us go by 10 drop doses. Pour in 10 drops of water what is the result? 10 drops being the $\frac{1}{10}$ part of 100 we have in the vial, one $\frac{1}{10}$ of the tincture overflows (not exactly but very near, we will suppose for the time, that $\frac{1}{10}$ does go, the mistake being in *favor* of the dilution), and 90 drops of the tincture remain in the vial mixed with 10 drops of water. Again pour in 10 drops of water; as a result $\frac{1}{10}$ of the contents go out which is 9 drops of θ and 1 drop of water, leaving 81 drops of tincture and 19 drops of water, once more we repeat the operation and now we lose 8.1 drops of tincture and 1.9 of water; the next time we lose 7.29 of tincture, etc., $\frac{1}{10}$ of the residuum going at every successive step.

Keeping our view fixed upon the tincture only, for in that we are mainly interested, the figuring for 100 drops of water run into the vial holding 100 drops of tincture, there will remain of tincture as follows:

Amount of θ at beginning, 100 drops.

10	Add water 10 drops.	
	Outflow,	10
	Remainder,	90
20	Add water 10.	
	Outflow,	9
	Remainder,	81
30	Add water 10.	
	Outflow,	8.1
	Remainder,	72.9
40	Add water 10.	
	Outflow,	7.29
	Remainder,	65.61
50	Add water 10.	
	Outflow,	6.56
	Remainder,	59.05
60	Add water 10.	

	Outflow,		5.9
	Remainder,	53.14	
70	Add water 10.		
	Outflow,		5.31
	Remainder,	47.82	
80	Add water 10.		
	Outflow,		4.78
	Remainder,	43.04	
90	Add water 10.		
	Outflow,		4.3
	Remainder,	38.74	
100	Add water 10.		
	Outflow,		3.87
	Remainder,	34.86	

Continuing the series I find that after

200	Remainder	12.16
300	"	5.14
400	"	2.70
490	"	1.05
500	"	94

That is to say : by using a potentizer holding 100 drops, we must run between 490 and 500 drops to make Hahnemann's 1st.

If we now examine the figures given above, any one acquainted with mathematics will at once recognize a decreasing series, in which the differences between successive members, are themselves a decreasing series, and that consequently if we wish to use this method for purposes of dilution progressing in a fixed ratio, similar to Hahnemann's scale, we must use a larger amount of water at every succeeding step.

This then is the peculiarity of the fluxious process and it now begins to look as if by the time we get up from our little r to $c\ m$ or $m\ m$ there might possibly be a necessity for a barrel or two of Croton to make $c\ m + 1$ or $m\ m + 1$.

Let us return to our column of figures, for there is a world of meaning in them, as it foreshadows all there is in the fluxion process.

Probably Dr. Swan will object to our beginning with a potentizer

full of tincture, whereas he starts with a single drop, if he will therefore place a decimal mark behind the 1 in 100 and a similar mark in the same respective places down the whole column, we can begin again and by way of comparison take Master Hahnemann along, he being the oldest takes precedence of course. Hahnemann takes of his No. 1 = $1\frac{1}{100}$, 1 drop, adds 100 of water and rises to No. 2 = $100\frac{1}{100}$. Now Swan begins with Hahnemann's No. 1 = $1\frac{1}{100}$ a whole potentizer full,—he runs through it 100 drops and goes up to $2\frac{1}{100}$. Again Hahnemann steps off with a 100 drops, goes to No. 3 = $10000\frac{1}{100}$. Swan follows suit with an even hundred and rises to $25\frac{1}{100}$. Comes the old man again and steps to No. 4 = $1000000\frac{1}{100}$; Swan rises to suit and touches $253\frac{1}{100}$. Once more Hahnemann comes with his little vial and goes to No. 5 = $100000000\frac{1}{100}$; Swan follows with his fourth installment of 100 drops and barely passes $100\frac{1}{100}$ = Hahnemann's 2nd!

Now remember that this is at the beginning of the series and therefore the fastest work possible and that the process after this goes on with ever decreasing speed; also remember that our vial holds but 100 drops while Dr. Swan's holds 400.

To facilitate progress we will now put the fluxion process on a strictly scientific basis.

Let us call the number of drops contained in the potentizer = a .

The quantity added at first and each succeeding step being a single drop = 1.

The overflow = y .

The quantity of tincture remaining = \times .

FIRST STEP.— Add 1 to a . = $a + 1$.

now is $y : 1 :: a : a + 1$.

$$y = \frac{a}{a + 1}$$

$$\times = a - y$$

$$\text{therefore } \times = a - \frac{a}{a + 1} = \frac{a^2}{a + 1}$$

SECOND STEP.—

$$y : 1 :: \frac{a^2}{a + 1} : a + 1$$

$$y = \frac{a^2}{(a + 1)^2}$$

$$\text{Any step } n^{\text{th}} \times = \frac{a^3}{a + 1^2}$$

$$\times = \frac{a^{(n+1)}}{(a + 1)^n}$$

Translated into plain English then, to find the remainder of the tincture in the potentizer after n drops have passed, raise the number of drops contained in the potentizer to the power of $n + 1$, and divide the product by the number of drops in potentizer $+ 1$ raised to the n th power.

Now it will be seen very readily that to do this with common numbers would be an endless task, we will therefore convert our formula in a shape for logarithmic calculation.

$$\text{we have } \times = \frac{a^{(n+1)}}{(a + 1)^n}$$

transferred— $\log \times = \log A (n + 1) - \log (a + 1) n$.

In plain English: multiply the logarithm of A by $n + 1$ and subtract from the product the logarithm of $a + 1$ multiplied by n —the result will be the logarithm of \times .

Now we are ready to figure with Dr. Swan at very short notice.

$$\log 400 = 2,602060$$

$$\log 401 = 2,603144$$

running 100 drops, 260,2060

$$2,60206$$

$$262,80806$$

$$260,3144$$

$$\log \times = 2,49366$$

Reduced = 311 drops.

that is after running 100 drops there will remain 311 drops of tincture = 77.75 per cent. of whatever amount of tincture there was in the vial.

For brevity's sake I will now give a comparative table of the figures resulting from calculations when working with a Swan-Potentizer holding 400 drops. The first column gives the number of potencies according to Swan; second gives the number of drops used; the third the number of drops of tincture remaining after each step when starting according to formula with 400 drops of tincture; the fourth column gives in decimals the degrees of dilution when but 1 drop of tincture is used as per Swan's method; the 5th column gives the corresponding Hahnemannian degrees.

Starting with		Tincture, 400 drops	Swan's 1 drop in 400. .0025	Hahnemann's Degrees. $1\frac{1}{4}$
Swan's Degrees.	Drops run.			
1	100	311.6	.00194	
5	500	114.9	.000718	$1\frac{3}{4}$ not quite.
10	1000	32.97	.000206	
13	1300	15.59	.0000974	2 just passed.
20	2000	2.717	.000017	$2\frac{1}{2}$ not quite.
100	10000			$6\frac{3}{4}$ just passed.
1000 (m)	100000			$55\frac{1}{2}$
Swan's m m				
2000	200000			$109\frac{1}{2}$
m m	100000000			543
not quite 2 million.				m
over 2000 million.				m m

Dr. Swan's m m which he makes with 200,000 drops according to his very peculiar notion is thus equal to Hahnemann's $109\frac{1}{2}$ —. Should he make a genuine m m of his own notation with a 100 million

drops, he would get Hahnemann's 543d. But if he desires to make a potency equal to Hahnemann's m, it will take not quite 2 million drops, while a genuine Hahnemannian m m would take over 2000 million drops, sufficient to run his meter $83\frac{3}{4}$ days at 24 hours per day.

As a matter of course these calculations are made on the supposition that the potentizer works with absolute mathematical certainty, that every drop does its duty with absolute precision. It is an impossibility that such should be the case and nothing but a series of exact experiments with the lower degrees can throw some light upon the subject, though it appears to me that the extremely rapid rate, at which Dr. Swan runs the water through his meter must make the results very much subject to accident and it would not be in the least surprising, if the same number of potency of different drugs varied very decidedly.

Prof. Burdick who has made some experiments and who, by the way, is the first one to grapple with the subject in a scientific manner, confirms this opinion.

According to his experiments, Hahnemann's 3d and Swan's 13th are about even—according to calculation—Swan's 13th is above Hahnemann's 2d, therefore Swan has *gained* by the imperfection of his apparatus and this is very possible indeed if we take in consideration its construction. We learn that the tube which supplies the water has perforated sides, but the perforations do not reach to the surface of the potentizer, there must therefore be produced a strong *upward* current which undoubtedly carries with it and over the brim the upper stratum of the vial which is in the least commotion.—But be that as it may, future experiments, if it is worth the while to make them, will decide as to loss or gain.—I close this part of the subject with the hope that at last Dr. Fincke may be cured of his flux and that the necessity for oceans of Croton may never dishearten good Dr. Swan.

I now propose a question, "Is it possible to make fluxion potencies with less material than 100 drops for each degree, such degree to answer Hahnemann's condition as to dilution?" If the question is to be answered in the affirmative our formula

$$\times = \frac{a^{(n+1)}}{(a+1)^n}$$

will solve the problem. As was shown before the value of a lengthens or shortens the dilution process as it is increased or decreased; suppose we decrease α until it is $= 1$, what becomes of our formula?

It reads thus

$$\times = \frac{1}{2^n}$$

because α being equal to 1, never can become greater by being multiplied by itself, thus we have a simple fraction whose numerator is and remains 1 and whose denominator is 2, rising to the powers of n , just exactly as Hahnemann's denominator 100 rises by the powers of n , n here representing the numbers of his potencies. To apply this in practice, make your potentizer to contain 1 drop only; this could easily be done by using not a vial but a round glass disk of just such a size as to hold 1 drop only (experiment would show the size) from above the center of this disk you drop in single drops and count

Experiment :

Place upon the disk θ 1 drop,

let fall 1 of water,

which dilutes the first $\frac{1}{2}$ and overflows 1 drop,

thus, 1st drop falls,	$\times = \frac{1}{2}$
2d " "	$\times = \frac{1}{4}$
3d " "	$\times = \frac{1}{8}$
4th " "	$\times = \frac{1}{16}$
5th " "	$\times = \frac{1}{32}$
6th " "	$\times = \frac{1}{64}$
7th " "	$\times = \frac{1}{128}$

Therefore between 7 and 8 lies Hahnemann's No. 1 $= \frac{1}{100}$, and between the multiples of 7 and 8 lies the 10000—1000000 etc., or No. 2, 3, etc., of Hahnemann.*

This process of fluxion then would give us Hahnemann's numbers with the expenditure of between 7 and 8 drops of water in place of the 100 usually used.

If we could still further reduce our disk, so as to hold but a portion of a drop, we should have Swan's process reversed, the rate of

* Two years ago in the course of conversation with Dr. C. Raue I proposed this very plan as possibly available for the rapid and cheap manufacture of the highest potencies.

dilution would increase as the process is carried on further and further.

Of course it is not contemplated to carry either of these propositions into practice, yet anyone having plenty of leisure might amuse himself thereby and watch the result. The main reason why they are here mentioned is to show that a proper understanding of a mathematical problem is absolutely indispensable to disclose all its possibilities. That the want of such understanding leads to confusion worse confounded has, I hope, been demonstrated before.

ON JUGLANS CINEREA.

(Butternut.—White Walnut.)

BY J. C. BURNETT, M. D.*

Like our old friend *Nux Juglans*, this belongs to the natural order *Juglandaceæ*, and is fast becoming a kind of *vegetable Arsenic* in the treatment of cutaneous affections by the homœopaths, who are herein following in the wake of the eclectics of America, whence the drug is derived. It is commonly called butternut, or white walnut.

The name *Juglans* is a contraction of *Jovis glans*, so called because of the excellence of the fruit, viz : the walnut.

The English word walnut is obviously compounded of *wal* and *nut*, the word *wal* meaning foreign ; in like manner the Germans call it Walnuss or Walsche nuss. In modern German Waelch means Italian, and Waelschland means Italy, but the words involve a certain amount of contempt, much as Welsh may, perhaps, at times be used in English, or as the Celts are apt to use the word Saxon.

And, moreover, our word Welsh is of the same origin and formation, the *sh* being the adjectival termination, and *wel* having the *a* softened into *e* exactly as the *a* in the German word is *ae* (ungelautet). After this little philological digression we may remark that its most prominent pathogenetic effect led Michaux to call it *Juglans cathartica*.

In America it is officinal with an *Extractum Juglandis*.

Wood, the younger, tells us that "the famous Dr. Rush" introduced it to the profession during the Revolutionary War as a substitute for Rhubarb. Probably Dr. Rush derived his information from the *misera cantribuens plebs*.

The eclectics seem to have done a good business with "the article," more especially with *Juglandin*. Paine, the eclectic, speaking of *Juglandin*, says :—

"In doses of from one to two grains, the *Juglandin* acts as a drastic purge, producing irritation and inflammation of the mucous membrane of the bowels ; if continued, it is followed by a peculiar exanthematous eruption, very much resembling the flush of scarlatina."

*From the *Monthly Homœopathic Review*.

And . . . "In medicinal doses, it acts specifically as a tonic to the mucous membrane and dermoid tissue ; hence its great value in exanthematous fever and chronic cutaneous affections." Further, he tells us that he has used it in chronic eczema, herpes, pemphigus, rupia, acne, impetigo, ecthyma, lichen, prurigo, ichthyosis, molluscum, and in all other forms of cutaneous diseases, and found it to act with more certainty in these affections than any other single drug.

At this stage it comes over to us homœopaths in the second edition of Hale's "New Remedies."

There is always a vast difference between ordinary school physic and the comparatively scientific appreciation of a drug such as is quoted from Paine, who really gives an excellent picture of its sphere of action. The homœopathic appreciation of the drug is again very far in advance of this. A proving has been made of it, but it still requires to be thoroughly taken in hand. In the meantime let every hodman bring along his brick towards the building up of its pathogenesis.

Here is mine.

Starting with the eclectic and homœopathic recommendations of *Juglans cinerea* in the whole range of skin diseases I joined the crowd in thus prescribing it, and I can quite endorse Dr. Paine's statement that it exceeds any other single drug in its curative sphere, excepting *Arsenic*. Indeed, such is its wide range that it stands in my mind as *vegetable Arsenic*.

In 1873 I prescribed *Juglandin* for a chemist's assistant for acne of the face, arising from his pubescent condition ; he was otherwise in perfect health. Like most chemists, he believed in the material and plenty of it, hence he took grain doses of *Juglandin*. He began to take it one morning, and took three doses in the course of the day, when on walking home at 6 p. m. the results of so doing became perceptible. What these were shall be described in his own written statement subsequently sent me at my request.

"I felt whilst walking a sharp wrenching pain in my left side, a suffocating sensation in the chest, which compelled me to stand still for some minutes for breath, which, however, did not alleviate the pain. I took five drops of *Bryonia* θ , which immediately relieved it."

That is, he walked about a quarter of a mile before he could get the *Bryonia* to take.

He took the *Bryonia* under the impression that it was indigestion, and did *not* discontinue the *Juglandin*, and on the following day the same symptoms recurred at about the same time, and were again relieved by *Bryonia* θ .

When describing the "suffocating sensation in the chest," he placed his hand on his sternum, and this gave me a vivid picture of an attack of angina pectoris.

Since this period I have prescribed *Juglans cinerea* a few times in angina pectoris, and on the whole with quite encouraging results. It has not by any means equalled *Arnica* or *Aurum mur.* in my hands in this terrible complaint, but it certainly has had some beneficial effect.

Perhaps in the future we may find its characteristic symptoms.

I once gave it to a lady of about 55 or 60 for a very severe retro-sternal pain, worse on walking, with prompt relief, but this lady complained that it made her feel very ill ; she is subject to exanthemata.

About a fortnight since a gentleman from the country consulted me about a scaly eruption of the face, which at times gets papular and at times wet. He showed me a little bottle of tincture that he was taking from a

very able homœopathic chemist, and remarked that it had done his face a great deal of good, but he did not know whether it was wise to continue it; "and do you know, doctor," said he, "it has done something else for me; I used to be troubled a good deal with a pain behind my breastbone (laying his hand on his sternum) when I was walking, especially after meals, or when I hurried or was going up hill, but I am a great deal better of that now."

The little bottle was labelled *Juglans cinerea*; the dilution was, I think, first centesimal *Juglans cinerea* therefore causes a retro-sternal pain worse, or exclusively felt, when walking out of doors, and it has to my knowledge, at least three times, cured a similar pain.

A few weeks since, Dr. Reginald Jones prescribed *Juglans cin.* 1 for a very strong, healthy lady, of about 40, for eczema of the hands. I once prescribed *Graphites* for the same case without effect, and subsequently very nearly cured it with a low trituration of *Anthrakokali*, indeed the hands remained almost well for a considerable period after the cure of the *Anthrakokali*, but of late the eruption cropped up again.

She took the *Juglans* for several weeks, the eczema at first showing signs of mending, and then becoming decidedly worse. This lady is very intelligent, and her statements may be implicitly relied on; she is very sensitive to drug action. *Juglans cinerea* 1 produced the following symptoms:—

"Feeling as if all the internal organs were too large, especially those of the left side."

"Very slight nose-bleed daily for 5 or 6 days."

"Feels very ill, all-overish, as if a bad illness were coming on. Pain in centre of chest at various times by day and night, with a foreboding feeling at night; walking about did not aggravate the pain."

"Very pale complexion."

Excepting the chest pain *Jug. cin.* 30 subsequently produced in her the same symptoms.

The collection of symptoms in Allen's *Encyclopædia* does not include the redness of the skin, resembling the flush of scarlatina.

COLOCYNTH.

James I. Tucker, M. D., of Chicago, Ill., writes to "*New Preparations*:"

"You invite communications upon not only new remedies and preparations, but upon old ones put to a new use. I have written upon the tincture of Colocynth in the *Medical Journal and Examiner*, of this city, and since received numerous testimonials in favor of Colocynth in allaying colic of an idiopathic character, colic dependent upon foreign bodies as a matter of course being removable by means calculated to remove the obstruction. But for *idiopathic* colic, which is a neurosis, I have never found anything more efficacious than Colocynth. This, I have since learned, is a common remedy with the homœopaths, so that with them colic and Colocynth are as intimately associated in therapeutics as their names are in alliteration. I should regard a medicine-case defective that did not contain Colocynth in the form of tincture, for the tincture given in small doses,* often repeated, has decided advantages over all other forms.

*Try homœopathic doses.

Climatology.

PROF. H. P. GATCHELL, M. D., ANN ARBOR, MICH., EDITOR.

MOUNTAIN RESORTS FOR CONSUMPTIVES.

BY STANFORD E. CHAILLE, A.M., M.D.,

Professor of Physiology and Pathological Anatomy, Medical Department, University of Louisiana.*

Although familiar with the caprices of fashion in medical as in other matters, and with the fact that this baneful influence has been often and sadly illustrated in the history of the diverse resorts commended for consumptives, I, none the less, have for years advocated mountain resorts as justifying the best hope for arresting incipient consumption, and did present reasons for the faith that was in me in the May No., 1876, of the *N. O. Med. and Surg. Journal*, in an article entitled "*The Climato-therapy of, and the American Mountain Sanitarium for Consumption.*" Continued interest in this subject has stimulated me to gather additional knowledge, not only from the testimony of others, but also by personal observation; and I propose now to present some of the evidence which has, during the past two years, attracted my attention, and served to strengthen my conviction of the beneficial influence in consumption of mountain resorts.

Whilst the literature of the subject has, since my last article was prepared, greatly increased, and while some of the authors are not advocates for mountain resorts,—yet, I have seen no testimony impugning the two capital facts: first, that nearly all of the localities which enjoy an immunity from consumption are in the mountains; and second, that mountain resorts thus located do yield strikingly favorable results in arresting the disease, prior to the destruction of the lungs by softening and excavations. True, some of these writers do deny that the unquestioned good results are due to altitude, contending that these are attributable to causes other than elevation, to causes which some localities at the level of the sea possess in common with certain mountain resorts. It must be admitted that these objections have a reasonable foundation, and should not be ignored so long as the profession has reason to

*From the *New Orleans Medical and Surgical Journal*.

credit those witnesses who testify that such lowlands as Florida prove eminently beneficial to some consumptives, and that such places as Kirghis Steppes of Asia enjoy complete immunity from consumption, although actually below, as is alleged, the level of the sea.

In my previous article I referred to the Kirghis Steppes, in connection with Iceland and the Faroe Islands of Denmark* (320 miles S. E. of Iceland), to illustrate that there were places not mountainous alleged to enjoy complete immunity from consumption. I regret that I cannot at present gain access to any reports published in regard to these distant and unknown Kirghis Steppes, nor to any information further than detached allusions to the effect that they are below the level of the sea, and that the climate is characterized by its *dryness* and its *sudden changes*, the transitions from heat to cold being not only very frequent, but also very abrupt. My regret is due to the fact, that subsequent research has informed me that "Iceland is (see Leconte's Elements of Geology) an elevated plateau about 2000 feet high, with a narrow marginal habitable region sloping gently to the sea;" and that the Faroe Islands are also mountainous, rising abruptly from the sea, attaining a maximum altitude of about 2200 feet, and inhabited chiefly by shepherds, therefore by residents on the heights. Thus, of the localities previously cited in proof that other than mountain localities were alleged to be exempt from phthisis, it now appears that two of the three are mountainous, and therefore probably illustrate rather than furnish exceptions to the general rule, that in our search for localities free from consumption, and therefore proper resorts for those threatened with this disease, we must go to the mountains.

However, it is not my purpose in this article to discuss whether altitude is, or is not the all important factor indispensable to every resort for consumptives; but rather to present evidence confirmatory of the essential fact that many mountainous regions are exempt from, and do prove highly serviceable to those attacked by, consumption. It must suffice the reader to be here reminded that the benefits secured in mountain localities have been ascribed—to the greater rarity of the air, causing quicker and profounder respiration, a more active central as well as capillary circulation, and increased excretion with improved appetite and nutrition;—to the greater purity of the air marked by its greater transparency, freedom from dust, and

*Ziemssen's Cyclop. adds to this list the "Island of Marstrand, and the interior of Egypt." Marstrand is between Sweden and Denmark, and believed to be mountainous.

richness in ozone which purifies it chemically ;—to the greater dryness and increased electricity of the air ;—to the larger number of sunshiny days, and the intenser heat of the direct rays of the sun, which, conjoined with the charming diversity of mountain scenery, prompt the invalid to frequent excursions, habitual exercise, and life in the open air. Those desiring farther details on these points are referred to my previous article, and to Dr. Denison's contribution to the "The Transactions of the International Medical Congress, Philadelphia, 1876," entitled "The Influence of High Altitudes on the Progress of Phthisis," in which the whole subject is treated more fully and ably than in any other publication in our language.

The confirmatory evidence which I have selected to prove the favorable influence of some mountain regions upon consumption will now be presented.

Dr. Schreiber, Lecturer on Climatology in the Vienna Faculty, teaches* that observation has proved "that consumption in all latitudes diminishes with altitude, until it finally disappears altogether," and that "renewed researches have confirmed the good results accruing to consumptives from a residence in the mountains." He, however, deems it fully proved that the good results are not due to altitude, and forcibly urges as one proof thereof, that the altitude of immunity from consumption *lessens* from the equator to the poles, as is generally admitted, while the diminished pressure of the air (*i. e.*, the chief peculiarity of altitude) is *the same* for equal elevations, whether at the equator or at the poles.

Ziemssen's *Cyclopædia*, one of the most recent and highest medical authorities, states: "It may be regarded as a fact that an *elevated position* protects against phthisis. A height of *at least* 1800 or 2000 feet seems to be requisite for this purpose. Phthisis is rare on the Hartz, styrian (in Pinzgau), and Swiss mountains, also upon the Corderillas, and in the plateaus of Abyssinia, Persia, Mexico, Costa Rica, and Peru."

A careful investigation undertaken by the Swiss Society of Natural Scientists, and continued during five years, has resulted in a report to the effect that in Switzerland decrease of phthisis does beyond doubt follow increase of elevation ; and that although it may occur in the most elevated places, it is very rare.

The Sanitarium for Consumption at Gœrbersdorf, Prussia, (1715 feet high)—the first of its kind—was opened in 1854 with

*See February No., 1878, *Richmond and Louisville Medical Journal*.

only twelve patients during the first year, but such was its success, and such is its reputation, that, since 1873, the annual number of patients has been nearly six hundred. The sanitarium at Davos, Switzerland, (5200 feet high), had during its first year (1865) only eight patients, and in ten years increased this number to four hundred. Commending this very emphatic testimony to consideration, let us pass from Europe to North America, reminding the reader that the evidence in favor of the Peruvian Andes, as well as of the Corderillas of South America is abundant and most decisive, and was, as I believe, the first to attract attention to our subject.

All observers report that consumption is very rare on the great Mexican table-land, termed the Anahuac. Jourdanet, a distinguished French physician, and the author of the most elaborate work yet published on the influence of mountain altitude, testifies that during nearly five years' experience on the Anahuac, with 30,000 visits to patients, he observed only six cases of consumption, that this disease is very rare in Mexico above 6500 feet, and that consumptives from other countries were often completely cured.

Dr. Denison, who presents (loc. cit.) abundant and convincing evidence in favor of Colorado, cites in addition the testimony of many others in proof that there is an approximative immunity from consumption in all the elevated section of the United States in which are located the Rocky and the Sierra Nevada Mountains.

SOUTHERN CALIFORNIA.

Dr. Louis Rogers, of Louisville, reports, and, since he is not an advocate of mountain resorts especially, reports most suggestively, as follows: "Southern California, as we know, has acquired very great repute in the last few years, and has been spoken of as destined to become the great sanitarium for consumption, and many other forms of pulmonary disease. It is to this portion of the State that thousands of people are now going for the restoration of their health, either as temporary sojourners, or as permanent residents. All of the towns mentioned [viz., San Diego, Santa Barbara, San Bernadino, Los Angeles and San Jose] are thronged with people of this kind, particularly in the winter season. To my surprise, *I did not find a single resident physician** at all enthusiastic in his praises of Southern California. They all expressed the rational view of the subject which I have expressed. I asked them if they were in the habit of sending their patients to Southern

California, and they replied that they did so occasionally and for a brief period in the winter, but that *they preferred for most of their cases the high and cool resorts of the Sierra Nevada Mountains.*"*

MINNESOTA.

The highlands of Minnesota, having an elevation of from 1200 to 2000 feet, have long enjoyed a fair reputation, which Dr. F. Staples, in Vol. 27 of the Transactions American Medical Association asserts, sustaining his position by strong statistical evidence, is not undeserved.

TEXAS.

A section of Texas stands in the same category, and Dr. J. B. Robertson, in the Transactions Texas State Medical Association, 1877, reports as follows: "That portion of west and northwest Texas lying west of the 98th meridian of longitude, and north of the 29th degree of latitude, has an elevation above the sea (beginning at San Antonio, near the southern line indicated) of five hundred feet, and gradually rising as the line is traced north, to fifteen hundred feet." "The beneficial effects of the climate in the area treated of is not simply a matter of opinion on the part of the writer on purely theoretical grounds. During a practice of over thirty years in central Texas, he has seen many patients sent there with clearly marked indications of consumption, and at a time in the history of the country when such patients had to rely almost entirely upon the climate for the benefit they received. In all cases the change gave marked relief with, he believes, a prolongation of life for years with some, and a perfect cure with others." Dr. R. states, however, that this section is not yet properly provided with the improvements and facilities needful for the accomodation and treatment of consumptives. In addition, Dr. Denison alludes to the advantages to consumptives of Fredericksburg, Boerne, Waldo and Ft. Clarke (elevation from 1500 to 2000 feet), in the valley of the Rio Grande, Texas.

WESTERN NORTH CAROLINA.

Passing now to mountain regions adjacent to those of Western North Carolina, Dr. E. M. Wright, of Chattanooga, reports (Transactions Medical Society State of Tennessee, 1876) that the natives of Walden's Ridge (a portion of the Cumberland table-lands) enjoy almost complete immunity from consumption. This ridge is from six to seven miles wide on

*The italics are mine.

the top, contains about 600 square miles, and varies in height from 2000 to 2500 feet; the people are poor, the houses are huts, and the accomodation is bad. Farther, Dr. E. A. Hildreth, President (1877) of the Medical Society of West Virginia addressing this society, testified strongly in favor of the influence of elevation in pulmonary diseases, stating that: "My own experience is limited to Portland, Oakland [2380 feet] and Deer Park [about 2300 feet], West Virginia, to which I have sent cases of phthisis in different stages of development, all of whom were decidedly benefited. I mean the cough abated or disappeared, the night-sweats or diarrhœa ceased, the appetite improved, there was a gain in flesh and strength, and many were doubtless kept alive for years. Those afflicted with hay-asthma, or autumnal catarrh are, on visiting this region, exempt. If they should be suffering with the disease, the paroxysm will usually cease within twenty-four hours after their arrival."

The section of country to which I now invite attention is thus described in the "Statistical Atlas of the Supt. U. S. Census, 1877:" "In the high regions comprised between the Blue Ridge and the great chain of the Iron, Smoky and Unaka Mountains, separating North Carolina from Tennessee, we have *the culminating portion* of the whole chain of the Appalachians. Here, for an extent of more than 150 miles, the *mean elevation of the valley* from which the mountains rise is more than 2000 feet, scores of summits reaching 6000 feet, while the loftiest peaks rise to a height of 6700 feet." Asheville, having an elevation of 2250 feet, is located in the central part of this region, wherein I have passed from three to five months annually during the four years 1873-5-6-7. My direct evidence as a practising physician is limited to the neighborhood of the Warm Springs, on the French Broad River, and some 900 feet lower than Asheville; though often consulted by the resident population, I have never seen but one case of consumption—this in a mulattress not a native of this section. My hearsay evidence is more extensive, yet I have never heard of but two other deaths consumption in this neighborhood; these were of a young brother and sister, in whom the disease was said to be hereditary, and whose family had not been long resident in this region. I have made repeated mountain excursions in all directions, and from twenty to sixty miles distant from Asheville; everywhere I was assured of the comparative immunity from consumption of all this section, and in most places my informants denied that *the native residents* ever died of the disease.

Ophthalmology and Otology.

HENRY C. HOUGHTON, M. D., AND GEO. S. NORTON, M. D., N. Y. CITY, EDITORS.

ON THE ACTION OF ESERIN ON THE NORMAL EYE.

FROM DR. A. von REUSS, UNIVERSITY OF VIENNA.

*From the German, by D. J. McGuire, M. D., Detroit.**

Having omitted experiments three and four we begin with No. 5 using the same subject as that used in experiment No. 4—Substituting a 2 per cent. for the 1 per cent. sol. previously used.

Edward Muecke aet. 17 years. Right eye. E. S $\frac{20}{0}$ r = 7.9647. application of the strong sol. made four days after previous proving, and after 3 minutes, jerking began in eye.

After 6 minutes m $\frac{1}{50}$

" 10 " r = 7.9647. m $\frac{1}{50}$

" 15 " pupil became smaller, the jerking ceased, and in its

" 20 " r = 7.96185. m $\frac{1}{50}$ [stead pressing pain in eye.

" 28 " m $\frac{1}{80}$

" 30 " r = 7.96470 pupil very small.

" 35 " r 7.92195. E, but No. 1 (Jaeger) not read farther

" 45 " r = 7.94425. [distant than 5 in.

" 55 " r = 7.95045.

Here the action was again not marked, so another application was made.

After 65 minutes jerking began.

" 70 " r = 7.97325, m $\frac{1}{60}$

" 75 " m $\frac{1}{20}$ Pressing pain around eye.

" 80 " r = 7.97040 m $\frac{1}{20}$ In lids an excessively active jerking of the orbicularis was observable.

" 90 " r = 7.8963. m $\frac{1}{24}$

" 95 " m $\frac{1}{40}$

" 100 " the jerking continues in a moderate degree.

" 105 " r = 7.9191.

" 110 " r = 7.97610, E.

" 115 " r = 7.97610, E, jerking has entirely disappeared.

* Continued from page 198.

After one application of this solution there followed between the 30 and 40 minutes a rapid sinking of radius to 0.04 mm, which inside of 30 min. was again restored; another application produced a diminution in corneal curve of 0.07 mm. which after 25 min. had disappeared.

The increase in the refraction occurred twice, but each time earlier than the increase in the corneal curve.

The first application produced the same result as the 1 per cent. sol. — $m \frac{1}{50}$. However, after second instillation the refraction arose to $m \frac{1}{20}$, being still moderate in its action.

SIXTH EXPERIMENT.

Franz Fisher, aet. 28. Left eye. Emmetropia, three measurements gave as r = values 7.4325, 7.42425, 7.43525.

In intervals of two minutes, three instillations of a 2 per cent. sol. were made.

After 10 minutes $r = 7.4325$.

" 13 " $m \frac{1}{5}^* r = 7.4270$

" 20 " $m \frac{1}{4\frac{1}{2}}$

" 25 " $r = 7.4325$, pupil very small.

" 30 " $m \frac{1}{4} S \frac{1}{30} r = 7.3940$.

" 35 " $\left\{ \begin{array}{l} m \frac{1}{4} S \frac{1}{30} \text{ less jerking.} \\ r = 7.3940 \end{array} \right.$

" 40 " $r = 7.33025$.

" 50 " $r = 7.3500 m \frac{1}{5} S \frac{1}{20}$.

" 60 " $r = 7.36925 m \frac{1}{4} S \frac{1}{20}$.

" 70 " $r = 7.4105 m \frac{1}{36}$

" 80 " E.

" 85 " $r = 7.4380$.

" 95 " $r = 7.4270$, E.

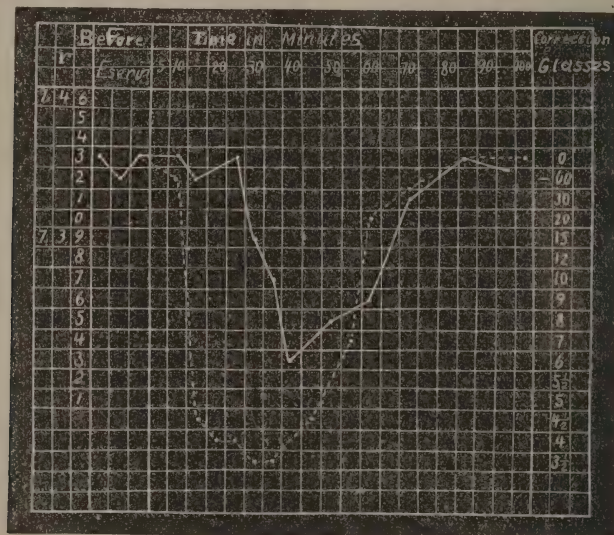
In this instance the headache, pain in eye, and twitching in orbicularis did not occur.

Up to the 25th minute the radius remained unchanged, it then decreased quite rapidly and reached its maximum diminution in 40 minutes, a decrease of 0.10 mm.; the return to normal took place more slowly.

* In these as in all the following cases above $m \frac{1}{50}$ the distance from glass to nodal point is deducted.

The Correction glass here was also $\frac{1}{4\frac{1}{2}}$

The action of the refraction is as rash as it is strong. Between the 10th and 15th minutes a change from $m \frac{1}{60}$ to $m \frac{1}{5}$ took place, and from this level passed on to $m \frac{1}{4}$; remained at this point for 35 min., and at the 85th minute, simultaneously with the radius, reaches the normal again.



In order that a more graphic idea of the curves described by the refraction and corneal radius, may be obtained, I have here introduced a cut, illustrative of this one proving, but which will also be suggestive in all the others.

The figures to the left give the radius in the hundredth parts of a millimeter, decimals being omitted.

To the right are the correction lenses, given in refraction intervals of about $\frac{1}{60}$. The figures in the top of the cut give the time of the experiment at intervals of every five minutes.

The dotted line gives the refraction curve, while the changes in cornea are shown in the solid line.

The radius before application of drug, is given in the first left hand column.

SEVENTH EXPERIMENT.

Anna Kalich aet. 12 years. Left eye. This and all the following experiments were made on the same individual.

This little maid is emmetropic in both eyes with acuteness of vision between $\frac{2.5}{20}$ and $\frac{3.0}{20}$.

At commencement of experiment, $r = 7.3825$. Three applications of a 2 per cent. sol. were made at intervals of two minutes, and after two minutes (from application) she experienced jerking in eye.

After 5 minutes with + 36 No. xx is read.

" 10	"	$r = 7.3830$	$m \frac{1}{12}$
" 17	"	$m \frac{1}{5\frac{1}{2}}$	
" 19	"	$m \frac{1}{4\frac{1}{2}}$	
" 25	"	$r = 7.35825$	
" 30	"	$r = 7.31425$	$m \frac{1}{4}$
" 35	"	$r = 7.33625$	$m \frac{1}{3\frac{1}{2}}$. Light ciliary injection, pupil extremely small, darting in eye.
" 39	"	$m \frac{1}{4}$	$S \frac{1.5}{20}$.
" 40	"	$r = 7.28970$	$m \frac{1}{4}$ $S \frac{1.5}{30}$.
" 50	"	$r = 7.34425$	$m \frac{1}{6}$ $S \frac{1.5}{20}$.
" 60	"	$r = 7.3665$	
" 65	"	$m \frac{1}{10}$	$S \frac{1.5}{20}$ no dartings, but jerking in eye, slight pain in left side of forehead.
" 70	"	$r = 7.3940$	
" 80	"	No. xx without glass, with convex glasses, worse.	
" 85	"	$r = 7.3995$	
" 90	"	$r = 7.38025$,	with convex glasses, worse.
" 110	"	vision same as in beginning.	

The course in this is similar to that of the preceeding experiment. After ten minutes, a gradual but quite energetic decline, that with a diminution of the radius of 0.09 min. showed its maximum development in 35 minutes. From there on, the radius increased again, and at the end of 60 min. had reached its normal level.

The refraction curve had a nearly parallel course. The acme with $m \frac{1}{3\frac{1}{2}}$ occurred also at the 35th minute, at end of experiment E. exists, again,

EIGHTH EXPERIMENT.

Kalich Anna. Right eye, $r = 7.4490$ one application of a 2 per cent. solution.

After 4 minutes jerking began in eye.

" 5	"	No. xx read with + 40.
" 10	"	$r = 7.45175$.
" 15	"	No. xx with + 40; pupil no smaller, twitching
" 20	"	$r = 7.4325$. [stronger.
" 25	"	vision test same as above. Pupil begins to grow
" 30	"	$r = 7.4545$. [smaller.
" 35	"	vision unchanged. Pupil very small, twitching slight. In orbicularis no jerking perceptible, and in this subject never did occur.
" 40	"	convex glasses make vision worse.
" 45	"	with + 60 No. xx again read.
" 50	"	$R = 7.3940$.
" 55	"	convex glasses impair.

At this point a second application was made.

After 60 minutes convex glasses impair. Pupil very small, acts

" 65	"	$r = 7.3555$. $m \frac{1}{6}$. [with great difficulty.
" 70	"	$r = 7.30325$. $m \frac{1}{6\frac{1}{2}}$.
" 75	"	$m \frac{1}{3}$.
" 80	"	$r = 7.3390$,
" 85	"	$r = 7.3390$. $m \frac{1}{4\frac{1}{2}}$ $S \frac{1.5}{30}$. Pupil very small, but
" 90	"	$m \frac{1}{5\frac{1}{2}}$ $S \frac{1.5}{20}$. [still slight motion possible.
" 95	"	$r = 7.3940$. $m \frac{1}{7}$.
" 100	"	$r = 7.39125$. $m \frac{1}{18}$. Pupil very narrow, immovable. occasional sticking pain in eye.
" 105	"	$r = 7.4105$. $m \frac{1}{36}$.
" 108	"	$m \frac{1}{40}$.
" 110	"	$m \frac{1}{50}$.
" 112	"	$r = 7.4325$. E.
" 120	"	No. xx read. Also with + 60.
" 125	"	$r = 7.43525$. $S \frac{1.5}{20}$, convex glasses detrimental.

After one application of a 2 per cent. sol. there followed, almost simultaneously with a nominal increase of the refraction, a diminution of the radius of only 0.05 min.

After another application the decrease took place rapidly so that a maximum of 0.15 mm. was reached at end of 70 minutes; inside of 40 min. it has however, nearly disappeared.

The vision curve resembles the sixth and seventh experiments. Increase as well as decrease resulting rapidly. Maximum at 90 min. with $m \frac{1}{4\frac{1}{2}}$.

NINTH EXPERIMENT.

Fearing lest this shall become tedious as a common Journal article, I will in this and the following case present simply a *resume*.

Using same subject and same (right) eye as in No. eight. Six days later three applications of a 2 per cent. sol. were successively made, and only changes in refraction recorded, this reaching its maximum at end of 35 minutes with $m \frac{1}{2}$ S $\frac{1.5}{40}$, at end of 90 min. E exists again.

Five days later three more applications were made at intervals of 2 minutes.

The greatest decrease in radius was only 0.07 mm. and attained at the 70th min. Twenty minutes later was normal, then again diminished somewhat, and at end of 140 minutes disappeared entirely.

The changes in refraction occurred rapidly, producing in 10 min. $m \frac{1}{5}$, this increased to $m \frac{1}{2\frac{1}{2}}$ with S $\frac{1.5}{80}$ at 25 min. and continued up to the 80th min. under $m \frac{1}{4}$, then dropped suddenly, simultaneously with the corneal curvature, at 90 minutes, to E.

IN EXPERIMENT TEN

as the result probably of the repeated calabarizations on the preceding days and the four successive applications at this time, made inside of 5 minutes, we find the action lasting through $2\frac{1}{2}$ hours, and producing the most striking effects on both the cornea and the refraction. Already in 10 minutes the radius is reduced and continues gradually to decline to the 70th min. when it had reached its limit of 0.10 mms. The refraction reached its maximum of $m \frac{1}{2\frac{1}{2}}$ in 25 minutes.

Some sticking pains, with jerking and burning sensations were developed.

And after 15 hours vision was still not normal.

It will be noticed that different individuals show very different degrees of sensitiveness to the action of the remedy.

The results of experiments on several other persons are given, but we have probably given enough to establish as well as can be done at present, the special sphere of action of this drug, which is our object.

A few questions arise which it may be well for us briefly to consider.

As for instance : How is the change in cornea produced ? Also, in view of the observations of Donders, that he found the corneas of myopic eyes flatter than those of emmetropes or hypermetropes. We will inquire whether in these experiments its decrease of radius is not a factor in producing the high state of the refraction, and consequently in contradiction to the statement of Donders :—

The experimenter has considered these question, the former in the light of two possible factors or agencies : The *Ciliary Muscle*, and the *Iris*.

In analysing action of ciliary muscle he has adopted *Arlls* division of that body into three parts. The long, radiating and circular fibers, and on careful study of its possible action, the measurement by different methods made by different individuals, concludes that we are not to find the explanation here.

As favoring the iris theory of its production, Stellwag and Cramer have concluded that a simultaneous tension of the circular and radial fibers of iris must diminish the tension of anterior chamber, and increase it in vitreous.

Weber introduced a similar view in relation to the action of Eserin. He says, there is no doubt that the tension of the iris is the principal agent in reducing the tension of the bulb ; that a retraction of iris on ciliary border takes up more space than the bulging forward of centre during contraction under the action of the drug.

And as to any influence had by the cornea on the increase of refraction, we have only to refer to the experiments as here recorded and we find that the spasm of accommodation has, as a rule, reached its maximum earlier than the changes in cornea.

The experimenter suggests that the remedy may prove of very great therapeutic value some day.

Donders also years before predicted a brilliant sphere for this drug, but up to the present they have made no use of it except as a myotic ; and evidently it will only be of considerable value when applied under the law of similars.

As a *resume* of symptoms we have, pain through temporal regions, pain and burning through balls and orbits, pain darting in

character, drawing, tight sensations over eyes and across forehead ; jerking and twitching sensations in ball and lids, perceptible twitchings around eyes, blurring of vision, approach of far point as in myopia, and recession of near point as in presbyopia.

From the foregoing it will appear that this will become one of our principal, if not the principal, remedy in the treatment of ciliary spasm, as developed in the various conditions of ametropia, whether it be myopia, hypermetropia or any of the *astigmatic* conditions so frequently met with.

Besides, also, the clinical experience in the use of this remedy has demonstrated to many of us in a very satisfactory manner, that, by its proper use, a diminution of the degree of apparent ametropia may, in most instances, be produced, and thus the ultimate correction of these conditions by means of proper glasses, very much facilitated.

ERYSIPELAS OF THE GLOBE AND ITS APPENDAGES.

To the Editor of the American Observer :

A few remarks on a clinical case published in the January number of the *American Homœopathist*, from the practice of C. H. Vilas, M. A., M.D., "(Professor of Ophthalmology and Otology in the Hahnemann Medical College and Hospital of Chicago)," entitled "Erysipelas of the Globe and its Appendages."

I would enquire if any one has ever seen a case of *Erysipelas of the Globe and its Appendages* ?

Nevertheless, the present condition must have been the result of the previous inflammation, and not the thing itself ; as Dr. V. did not see the case until eleven weeks after the commencement of the attack, and five weeks after the cessation of the same.

"The upper lid is enormously enlarged, hanging well down over the lower and resting on the cheek. A cicatrix holds the skin and subjacent tissue firmly bound down ; the cilia are stunted and coming out badly."

Where was the cicatrix, and what part of the skin and subjacent tissue did it firmly bind down, and to what ? Does he mean that the cilia are growing badly or falling out ?

"On everting and raising the lid, no part of the globe could be seen. A thick rank growth of proud flesh concealed all behind it."

To what was the proud flesh attached, and what was behind it?

"Cleansing the eye, it was found that the under lid was firmly attached to the globe. The adhesions, were complete and nearly entire, a considerable portion of the under lid and tissue was gone, creating a moderate degree of entropium."

I am at a loss to understand how even a moderate degree of entropium can exist with a symblepharon, the adhesions of which are complete and nearly entire.

What portion of the under lid and what tissue was gone to create this entropium?

Loss of a part of the lid and lid tissue, (if the word tissue refers to lid) I have always seen cause ectropium. Entropium, according to my observation, is generally caused by the contraction (cicatrical) of the conjunctiva, or by orbicular spasm.

Pursuing the examination farther, he finds anchyloblepharon at outer canthus, caruncle enlarged, semilunar fold enlarged and displaced, lower punctum obliterated, and canaliculus obliterated, "with a marked hyperæmic state of the whole ocular conjunctiva" of an eye from which he has just removed the above mentioned "rank growth of proud flesh."

The manner in which he treated the symblepharon and entropium is extremely novel.

We find that after the symblepharon is relieved by dissecting off the adhesions the entropium is much increased.

"To remedy this, a piece of the detached conjunctiva was trimmed into the shape of a narrow band and attached to the globe in such a way as to hold the lower lid nearly up to its position, in the endeavor to have the globe hold up the lower lid."

Here we have an entropium due to a loss of a considerable portion of the lower lid and tissue, (which is so great that Dr. V. says: "An operation for entropium where there was so much loss of tissue, would at best allow the lid to fall down some, and might seriously interfere with its motion,") rectified by a *narrow band of conjunctiva* which is attached to the globe.

I cannot believe that the lid can derive any support from a *narrow band of conjunctiva*, which is attached to the globe; nor can I

see in what way or to what part of the globe it can be attached in order to render such support, as it is well known that the great distensibility of the conjunctiva bulbi and its loose attachment to the underlying sclera offer no qualifications for the attachment of tissues which are to render support; besides the natural motions of the eye would entirely prevent anything of the kind.

It must be borne in mind, at the same time the detached conjunctival surfaces had to be kept apart, in accomplishing this, "Happily there was not the slightest trouble."

The trichiasis (turning in of the lashes) and madarosis (absence of the lashes) now demanded attention. The distorted cilia were epilated and the rest excised.

I add the definitions enclosed in brackets.

He epilated the distorted cilia and *excised* the absent ones.

A little more light seems necessary on the ectropium of the upper lid, which scarcely harmonizes with the statement, "The upper lid is enormously enlarged, hanging well down over the lower, and resting on the cheek."

"She was dismissed with an eye about which nothing unnatural would be observed."

A very remarkable result, considering the numerous complications of the case; viz., Ptosis and ectropium of the upper lip; globe hidden by a thick rank growth of proud flesh; atrophy of optic nerve and retina; Entropium and symblepharon of under lid; anchyloblepharon; obliteration of lower punctum; trichiasis and madarosis.

I am led to make these remarks as the above surgical conditions are among the most tedious the ophthalmic surgeon has to treat. It is to be hoped Dr. V. will give us a more accurate and detailed description of the case.

ALFRED WANSTALL.

Baltimore, Md.

P. S.—A criticism of which the above is a very slight modification, was refused publication in the *Homœopathist* by Dr. Mills, who retained the MSS for more than three months.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER,

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Address :

EDWIN ALBERT LODGE, DETROIT, MICHIGAN.

OHIO HOMŒOPATHIC SOCIETY.

The society met at the Pulte Medical College, and was called to order by Dr. J. B. Hunt, of Delaware, President. In the absence of Dr. Phillips, Dr. A. N. Ballard was chosen Secretary, *pro tem*.

A committee, consisting of Dr. S. R. Beckwith, Dr. E. P. Gaylord, of Toledo, and H. M. Parmelee, of Toledo, was appointed to invite the Western Academy, in session in another hall of the college, to meet in joint convention.

Dr. D. H. Beckwith, of Cleveland, of the Committee of Gynæcology, read a paper on the use of Macrotin in parturition. The paper was discussed by Dr. Parmelee, of Toledo; Dr. S. R. Beckwith, of Cincinnati; Dr. T. C. Duncan, editor of the *United States Medical Investigator*, of Chicago; Prof. J. C. Saunders, of Cleveland; Dr. Wm. Owens, of Cincinnati; Dr. H. W. Carter, of Ohio, and Dr. P. Bacmeister, of Toulon, Ill.

Prof. Hunt, of Covington, Ky., read a paper on Pelvic Seninitis.

The society then adjourned to meet at the Western Academy of Homœopathy in joint convention, at 2 o'clock.

THE WESTERN ACADEMY OF HOMŒOPATHY

assembled in Pulte Medical College. In the absence of the President, Dr. C. H. Vilas, of Chicago, was called to the chair. Dr. T. C. Duncan, of Chicago, was chosen Secretary, *pro tem*.

The invitation of the Ohio Society was accepted, and 2 o'clock designated as the time for the meeting of the joint convention.

Dr. W. L. Breyfogle, of Louisville; T. J. Boyd, of Indianapolis, and T. P. Wilson, of Cincinnati, were appointed a committee to meet the Ohio committee, and arrange the programme for the joint convention.

The Academy then adjourned.

AFTERNOON SESSION.

The Ohio State Homœopathic Society and the Western Academy of Homœopathy met conjointly in the afternoon.

Dr. M. M. Eaton, of Cincinnati, delivered the address of welcome in the name of the physicians of Cincinnati, Covington and Newport.

The address of President Hunt, of Delaware, Ohio, was then delivered, in which he recommended the appointment of two new bureaus, viz: Sanitary Science, and Hereditary Transmission, also a committee to attend the convention of the Homœopathic Colleges at Indianapolis next week.

Dr. Wilson, of the Committee on Programme, presented several invitations, among which was one to visit the Zoological Garden of Cincinnati, which were accepted, with the thanks of the convention. The Zoological Garden was visited in the afternoon at 2 o'clock.

The address of Dr. R. N. McFarland, President of the Western Academy, Orlando, Fla., was then presented.

The order of business of both societies was taken up.

Papers were read from Dr. E. A. Murphy, of New Orleans, on Eclampsia. Dr. S. R. Beckwith read a paper on the Pathology and Treatment of Uterine Displacements. Dr. W. Eggert, of Indianapolis, read a paper on the Therapeutics of Ovarian Tumors.

The Bureau of Clinical Medicine, of which Dr. G. W. Foote, of Galesburg, Ill., was President, presented the following papers: Dr. Foote read a paper on Ventilation; Dr. Breyfogle, of Louisville, read a paper on the treatment of Hemorrhoids; Dr. D. P. Brown, of Ohio, read a paper on Intra-uterine submucous Fibroids; Dr. McNeil, of New Albany, Ind., read a report of an interesting clinical case. Dr. Phillips, of Cleveland,

sent a paper on Diphtheria vs. Colds; Dr. J. A. Campbell, of St. Louis, read a paper on Eye and Ear hints for Provers.

The above papers were discussed by Dr. Wilson, of Cincinnati; Dr. C. H. Vilas, of Chicago, Ill.; Dr. Beckwith, of Cincinnati; Dr. A. C. Jones, of Collinsville, O.; Dr. D. H. Beckwith, of Cleveland; Dr. M. Ayres, of Rushville, Ill.; Dr. P. G. Valentine, of St. Louis; Dr. H. Baxter, of Cleveland; Dr. T. C. Duncan, of Chicago; Dr. J. P. Geppert, Dr. J. T. Boyd of Indianapolis, and Dr. Slosson, of Cincinnati.

Adjourned until 9 o'clock.

SECOND DAY'S PROCEEDINGS.

About 225 members of the two organizations, the Ohio State Homœopathic Association and the Western Academy of Homœopathy were present at the meeting of the joint convention in the Pulte Medical College.

The academy met at nine o'clock in the forenoon, acting President Dr. J. H. Miller in the chair. The following gentlemen were elected to membership: Dr. J. F. Thompson, New Castle, Ind.; J. B. Brooks, Hot Springs, Ark.; T. J. Williamson, Cincinnati; Gustave Schuricht, New Orleans; F. B. Hermann, St. Paul Minn.; G. A. Hall, Chicago; D. W. Hartshorne, Cincinnati; H. P. DeVol, Tonica, Ill.; Thos. Bacmeister, Toulon; Thos. C. Bradford, Cincinnati; R. D. Valentine, Belleville, Ill.; A. McNeil, New Albany, Ind.; Chas. J. Berger, Boonville, Mo.; N. A. Pennoyer, Kenosha, Wis.; W. A. Edmonds, St. Louis.

The Academy then went into joint convention with the State Society and listened to the reading of a paper by Dr. S. R. Beckwith, of Cincinnati on the Diagnosis of Insanity. This was followed by the proceedings of the Bureau of Ophthalmology and Otology. Papers were read by Dr. J. A. Campbell, of St. Louis, on "Logophthalmos with Ear Complications;" by Dr. T. P. Wilson, giving some studies in refraction; by Dr. C. H. Vilas, Chairman of the Bureau, upon the "Effects of Hypermetropia, or Oversight;" by Dr. C. C. White, on "Tinnitus Aurium."

The following papers were read by title: Dr. W. A. Phillips on Tinnitus Aurium, by Dr. D. E. V. Van Norman on "Rupture of the Iris."

Then came the proceedings of the Bureau of Obstetrics. Papers were read by title as follows: By Dr. T. G. Comstock, St. Louis, on the Use of Forceps; by Dr. R. S. Brigham, on Retained Placenta; by Dr. W. A. Edmunds, on Strangury as

an Early Sign in First Pregnancy; by Dr. Emma M. E. Sanborn, on "Fruit Diet During Pregnancy;" by Dr. Wm. Cullison, on the Laws of Transmission, Paternal and Maternal; by Dr. G. W. Bowen, of Ft. Wayne, on Confinement and How to Avoid the Dangers Incident to it.

Papers were read in full by Dr. M. M. Eaton, Cincinnati, on Abnormal Pregnancies; by Dr. G. S. Walker, St. Louis, on the same subject; by Dr. Wm. Webster, on the Pathology of Afterpains; by Mrs. Dr. E. Y. Howard, on Etiology, Diagnosis and Prognosis of Afterpains; by Dr. W. H. Hunt, Covington, Ky. Therapeutic Treatment of Afterpains; by Dr. J. C. Sanders, Cleveland, on Obstetric and Regimental Treatment of Afterpains.

Dr. W. H. Hunt then read a paper on Post-partum Hemorrhage, treated by Hypodermic Injection.

The joint convention then dissolved, the Western Academy adjourning until 7 o'clock in the evening, and the Ohio Society until to-morrow.

In the afternoon the members visited the hilltops and the Zoological Garden, and partook of a pleasant banquet at the Lookout House. Over 200 were present at the banquet, and the exercises were of a very social and enjoyable character.

WESTERN ACADEMY OF HOMŒOPATHY.

At the concluding session of this organization, the following officers were elected to serve during the ensuing year: President, J. H. Miller, of Abington, Ill.; Vice-Presidents, P. G. Valentine, of St. Louis; W. L. Breyfogle, of Louisville; Dr. Bacmeister, of Toulon, Ill., was elected by the joint convention of the Academy and State Society, delegate to the International Homœopathic Convention, to be held in Paris during the approaching summer.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Institute held a very successful meeting at Put-in-Bay, in June. The President, Dr. Burgher, of Pittsburgh, gave an address which was warmly commended, and we propose printing it in full in our next number.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

The ninth annual meeting of this Society, and the most numerously attended, convened in Lansing the 21st of May, and was called to order by the President, Dr. F. Woodruff of Detroit.

Prayer having been offered by Rev. Mr. Stocking, the General Secretary being absent, Dr. R. B. House, of Tecumseh, was elected Secretary, *pro tem.* and Drs. Rockwith, Bartholomew and Pomeroy appointed a committee to draft resolutions on the death of honorary members.

Drs. W. M. Bailey, Pomeroy, Fitch, L. M. Jones and T. R. Allen, were appointed a committee to whom was referred all matters pertaining to the Michigan University. The President appointed Dr. R. C. Olin Assistant Secretary. A telegram from Dr. C. W. Prindle, General Secretary, was read tendering his resignation and asking permission to withdraw from the Society. Laid on the table. The President announced the following Committees. *Auditors.*—Drs. W. J. Mills, B. Defendorf, W. J. Calvert. *Medical.*—Drs. C. J. Covey, F. X. Spranger and T. F. Pomeroy. The Board of Censors reported favorably upon the following names for membership: Drs. Wm. B. Knapp, Leslie; K. C. Devere, Lansing; A. E. Gesler, Saranac; W. H. Rand, Charlotte; S. E. Warner, Ann Arbor; D. J. Marsh, Bellevue; H. C. Carpenter, Woodland; D. J. McGuire, Detroit; P. H. Bumpus, Mason; S. N. Coons, Marshal; Phil Porter, Jackson; Chas. Gatchell, Ann Arbor; H. C. Allen, Detroit; G. S. Reed, Grand Rapids; C. H. Mead, Olivet; D. H. Hatfield, Kalamazoo; N. R. Gilbert, Otsego Lake; J. J. Defendorf, Williamston; J. H. Smith, Lowell; G. C. Vincent, Deckersville; J. A. Stringham, Carson City; and C. Smith, Portland; and they were accordingly elected members. The President then delivered his annual address.

Dr. Chas. Hastings submitted the report of the Committee on revision of the Constitution and By Laws, which was adopted. The principal alteration being of article 5 of the Constitution, which as corrected, demands graduation from some respectable Medical College to make one eligible to membership in the Society; and of article 1st of By-Laws, which now makes the semi-annual meeting optional instead of obligatory, and abolishes the biennial meetings. An entirely new article is added directing the manner of disbursing the Society's funds, and requiring the Treasurer to give bonds for faithful service.

The article relating to granting license to practice medicine was expunged, and article 9, relating to the appointment of medical bureaus was amended to conform to the usage of the American Institute of Homœopathy. Article 12 was amended substituting \$2.00 as the annual dues instead of \$3.00

Dr. H. C. Allen read an article upon the Homœopathic treatment of the Insane, which had previously been published. Doctors Allen, Woodruff and King were invited to continue their investigation of this subject and report at next annual meeting. The following officers were then elected for the current year :

President.—Wm. M. Baily, M. D., Detroit.

1st Vice President.—D. F. Hunt, M. D., Grand Rapids.

2nd Vice President.—L. M. Jones, M. D., Brooklyn.

General Secretary—R. B. House, M. D., Tecumseh.

Corresponding Secretary—O. R. Long, M. D., Ionia.

Treasurer.—F. X. Spranger, M. D., Detroit.

Censors.—Doctors Hyde, Rorabacher, Olin, F. X. Spranger, W. B. Knapp and Mills.

Dr. Chas. Hastings presented a paper entitled an act to regulate the practice of medicine in the State of Michigan, which was read by the Secretary and referred to the Judiciary Committee.

Doctors A. R. Ball, H. A. Barber, M. P. Havens, F. O. Baker, F. B. Smith, Wm. Harris, R. W. Nelson, G. F. Rand, Wm. Mathews & Co., C. P. Burch, members of the old "Michigan Institute of Homœopathy," were admitted to membership in this Society by paying arrearages of dues and signing the Constitution and By-Laws. Hereafter none are to be admitted except by regular course.

Doctors H. C. Allen, A. I. Sawyer, C. J. Covey, G. N. Brigham, I. N. Eldridge and D. F. Hunt, were elected delegates to the American Institute of Homœopathy, with power to name substitutes.

Dr. H. C. Allen read a paper on "Mania Transitoria," by Dr. Bartholemew of Holly, which after a spirited discussion was referred to a special committee consisting of Drs. Rockwith and Gatchell.

Dr. R. B. House read his statistical report. Dr. C. S. Moody read a paper on Peri-utero vag. new formations. Dr. Olin a paper on Clinical reports by Prof. J. G. Gilchrist. Dr. H. C. Allen a paper on Hordeoli. Dr. Robert King made a verbal report on Microscopy. Dr. D. J. McGuire read a paper on Glaucoma.

The President then announced as the Judiciary Committee :

Doctors Robert King, C. C. Miller, M. Rorabacher, W. J. Calvert, B. J. Smith.

The resignation of Dr. C. W. Prindle, General Secretary, was taken from the table, and, after discussion, was referred to the Judiciary Committee.

Detroit was fixed upon as the place for holding the next meeting. The Medical Bureaus are constituted as follows :

MATERIA MEDICA.—H. C. Allen, Prof. S. A. Jones, R. C. Olin, J. Devere, F. D. Smith.

SURGERY.—A. I. Sawyer, Prof. J. G. Gilchrist, Phil Porter, R. W. Nelson, H. Whitworth, C. S. Morley.

OPHTHALMIC AND AURAL SURGERY.—D. J. McGuire, F. A. Rockwith

OBSTETRICS AND GYNÆCOLOGY.—I. N. Eldridge, C. S. Morley, J. D. Craig, E. S. Roberts.

THEORY AND PRACTICE.—Prof. Charles Gatchell, G. N. Brigham, H. C. Allen, R. C. Olin, W. J. Calvert.

PATHOLOGY.—F. X. Spranger, W. J. Calvert, T. F. Pomeroy.

MICROSCOPY AND HISTOLOGY.—Robert King, Prof S. A. Jones, E. Fish.

ELECTRICITY.—J. D. Kergan, A. B. Botsford, Prof. J. G. Gilchrist.

HYGIENE.—Charles Hastings, L. M. Jones, Phil Porter.

PÆDOLOGY.—W. E. Jewett, J. D. Craig, G. N. Brigham, O. R. Long, J. H. Smith, E. Fish.

STATISTICS.—R. B. House, F. Woodruff.

INSANITY.—F. A. Rockwith, D. D. Bartholemew, C. S. Morley, A. Walsh.

NECROLOGY.—R. W. Nelson.

Dr. Robert King was elected delegate to the Western Institute of Homœopathy.

Adjourned.

MICHIGAN UNIVERSITY—HOMŒOPATHIC DEPARTMENT.

At the meeting of the Allopathic State Society, held at Lansing, May 16th, Prof. MacLean, of the University, thus remarked:—"He believed that homœopaths did not stand as well now in Ann Arbor as they did before the change. They thrive on persecution then, but now that they had equal privileges they were obliged to show their hand, and were falling into contempt. Last winter they complained that they were not allowed to bring cases into the hospital, but they were very careful not to do that until after the term closed. They were at once informed that they could have the privileges of the hospital, but had never ventured to bring more than three cases there. They had reached the height of their success. In two or three years they would be in the condition of the Kilkenny cats, nothing left but the tails. Many of the students already are leaving the homœopaths, and desire to be admitted to the regular school. He believed that the very best course to expose and explode the homœopathic pretensions was the course that had been pursued. The homœopaths were ostracised and uncomfortable, and many were thinking of leaving. Even the janitor of the regular school would not speak to the janitor of the homœopathic school." [Laughter.]

Such folly only merits ridicule. At the American Medical Society meeting at Buffalo the irrepressible conflict became prominent, and the implacable hostility of the old school was shown in a determined effort to cast dishonor upon the allopathic professors of

the University of Michigan, because they are teaching homœopathic students. Many learned and liberal minded members were in favor of sustaining the allopathic professors in the University, and also recognizing educated homœopathic physicians; they see that this must be done.

The Adrian Times published the following before the Michigan State Meeting was held :

The Homœopathic branch of the medical profession is not entirely free from stupidity. The State Association of this branch of medicine meets at Lansing within a short time, and a determined effort is to be made against Prof. S. A. Jones, Dean of the Homœopathic College at the University, with the idea of proving that he is not the choice of the Homœopathists of the State. Much of the clamor against Dr. Jones arises from men of small brains and less ability, who dislike the Doctor's honesty and are jealous of his scientific attainments and skill. To an outsider it looks as though the Doctor did an unwise thing in accepting the position at Ann Arbor at all, for to do so he was compelled to give up a practice more profitable than that which any ten of the little fellows who are attacking him could ever attain to. But he is an enthusiast in his profession. His attainments and ability are vouchered for by indisputable testimony. It would be a foolish thing for his fellow Homœopaths in convention assembled to attack him because he knows more than most of them, because he despises quacks and humbugs, and because he is honest enough to express himself in regard to such impostors. It would be equally foolish for the Regents to follow the behests of a lot of impracticable noodles, most of whom would like to step into the Dean's shoes, even if they could only rattle around in the place.

Previous to the Michigan meeting we were addressed by a physician :—"Don't let Prof. Jones be slaughtered at the State Homœopathic Meeting in Lansing. I have known him intimately since his first appearance in Michigan. Have ever found him the soul of honor, and love him for what he is as a man, as well as admire him for his scientific attainments. Hoping that the cause of justice will win in the coming struggle, allow me, dear doctor, to remain, etc.

Dr. J. was not defeated at the meeting, but his opponents alert and determined, attempted to procure his removal by the Board of Regents in June in which they signally failed.

LACTOPEPTINE.—We ask the attention of our readers to the advertisement of this agent in the present issue. It will be noticed that the formula is published, and it should not be confounded with the worthless nostrums that are paraded before the profession. It has been used very successfully in dyspepsia and the morning sickness of pregnancy. Let it be proved.

REDUCTION IN PRICE.—For advance payment before first of August, of *two dollars*, we will send receipt in full for subscription of this year. If payment is deferred until after that date the price will remain as before, \$2.50.

Those who have already paid \$2.50 for this year will be credited fifty cents on 1879.

We have very large bills to pay printers and paper manufacturers, and trust our friends will be prompt in remittances.

ONE DOLLAR ONLY FOR BACK VOLUMES prior to 1877, if cash is *remitted before first of August*. We will supply back volumes in paper covers at one dollar each, or single numbers at ten cents each, by mail or express, *prepaid*. This will furnish our subscribers an excellent opportunity to complete their sets for binding.

A MINNESOTA SUBSCRIBER WRITES:—"My subscription for the OBSERVER, I am aware, is due. It is impossible for me to collect a dollar. Our county was literally eaten up of everything vegetable last year and we are paupers. Shall remit as soon as possible. I can't live without the OBSERVER."

FIRST VOLUME OF OBSERVER, 1864.—We are in want of numbers for this year to complete sets for our subscribers.

BRITISH JOURNAL OF HOMŒOPATHY.—We are in want of several numbers and volumes of this Journal to complete a set.

UNITED STATES MEDICAL AND SURGICAL JOURNAL.—Several numbers wanted.

PHYSICIANS having numbers or volumes of above will please send list and prices asked.

Dr. S. B. WOOLSEN writes from Atwater, Minnesota:—"The OBSERVER is indispensable to me."

DR. ELIPHALET CLARK says:—"I cannot do without it."

FREEDOM OF MEDICAL OPINION AND ACTION.

A medical professor writes:—

May 15th, 1878.

"MY DEAR DOCTOR LODGE:—I am delighted with the position you have taken in reference to Liberalism in Homœopathy. In my opinion your journal has always been the Homœopathic Journal of America. It is certainly sustaining its reputation."

AN AMUSING EPISODE—is told regarding two homœopathic physicians of Lynn, Mass. Dr. McArthur received information that another physician, Dr. A. M. Cushing, had circulated defamatory stories about the former and had called him a “quack.” Dr. McArthur put his case in the hands of William C. Fabers, a lawyer, who communicated with Dr. Cushing and requested an interview. Dr. C. called, denied having circulated the stories, or having made the alleged assertions, and having made the visit to the lawyer, supposing that his professional services were needed, upon learning the real object of the interview, and feeling that his time had been wasted, he presented a bill of \$1.50 to the lawyer for “one visit.” This bill the lawyer refused to pay, and the physician handed it over to another lawyer, William H. Niles, for collection. The matter rests here and further developments are awaited.

BIOGRAPHICAL SKETCHES.—I have been thinking that a department should be opened in the OBSERVER in which short Biographical Sketches of Homœopathic Physicians, particularly of those of our own State, could be inserted, and if modesty prevents each one of writing his own, he might interest himself enough in some one else to ascertain sufficient of their life to write a sketch.

H. M. B.

Our pages are open to H. M. B. to commence the series. Let them be as brief and interesting as possible.

EXPERT TESTIMONY.—The Supreme Court of Alabama has decided that “a physician may be required to give expert testimony in a civil or criminal suit without being paid for his testimony as a professional opinion, and upon refusal to testify may be punished as for contempt.” A similar decision has been lately rendered in Indiana.

HOSPITALS.—Of the deaths in Paris, one third occur in the public hospitals; in London, only one in nineteen. It appears that the people of the two nations hold different views of hospitals as a resort in sickness.—*Pacific Medical and Surgical Journal*.

CAULOPHYLLUM AS A PARTURIENT.—I was surprised to find that an editor of one of the departments of the OBSERVER had been disappointed in the effects of Caulophyllum as a parturient. The difficulty is in the size of the dose. My experience has been different from the Doctor's, I always use it and am *always* successful in alleviating the suffering and shortening the time of labor, but I give one powder of the 3rd x twice a week for four or six weeks prior to confinement.

B.

Ethereal extract of pumpkin seed has been lately introduced with the claim that it contains the active vermicial principal of the seed.—*Pacific Medical and Surgical Journal*.

Personal Notices, Etc.

BUFFUM.—J. H. Buffum, M.D., late of Pittsburgh, Pa., has been elected Resident Surgeon of New York Ophthalmic Hospital.

BACMEISTER.—We ask the attention of our readers to an elaborate paper concerning *Fluxion Potencies*, pp. 321–331, of the present number.

BUTLER.—John Butler, M. D., has been appointed to Special Lectureship on Electro-Therapeutics in N. Y., Homœopathic College.

DESCHERE.—Mr. Deschere, M.D., is special Lecturer upon Histology in the New York Homœopathic College.

DEADY.—Charles Deady, M.D., has been appointed an assistant Surgeon to the New York Ophthalmic Hospital.

GATCHELL.—Prof. Charles Gatchell, of University of Michigan Homœopathic College, will leave for Europe the end of June, and expects to be absent about three months.

FRANKLIN.—E. C. Franklin, M. D., was appointed Professor of Surgery and Dean of Homœopathic College of University of Michigan at the June meeting of Board of Regents.

GATCHELL.—Prof. H. P. Gatchell has returned from the South, and can be addressed at Ann Arbor, Michigan.

SMITH.—St. Clair Smith, M.D., has been appointed Professor of Physiology in the New York Homœopathic College.

WHITFIELD.—I. J. Whitfield, M.D., of Grand Rapids, Michigan, has withdrawn from the State Homœopathic Society.

WANSTALL.—Dr. Alfred Wanstall, who gave such good satisfaction as Surgeon to the New York Ophthalmic Hospital, has removed to 124 N Clark St., Baltimore, where he will devote his attention to diseases of Eye and Ear exclusively. An article from his pen is in the present number, and we hope he will become a regular contributor.

REMOVALS.

BUFFUM.—Dr. J. H. Buffum from Pittsburgh, to 201 E 25th st., N. Y.

DOWLING.—Dr. J. W., from 588 5th Ave., to 313 Madison Ave, N. Y.

HELMUTH.—Prof. J. W., from 21 W 37 St., to 298 Madison Ave., N. Y.

HOUGHTON.—Dr. H. C., from 50 W 33 St., to 44 W 35th St., N. Y.

JEWETT.—Dr. E. H., from Cleveland, O., to Collinwood, O.

KERGAN.—Dr. J. D., from Corunna, Mich., to Detroit, Mich.

SANDERS.—Dr. L., from Sullivan, Ills., to W Lebanon, Ind.

WANSTALL.—Dr. Alfred, from N. Y., to 124 N. Carter St., Baltimore.

WHITE.—Dr. Frank N., from Ann Arbor to Sault St. Marie, Mich.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR.

REPORT FOR THE MONTHS ENDING MARCH, APRIL, AND MAY, 1878.

Number of Prescriptions, March, 4109; April, 3881; May, 3854; Number of new Patients, March, 513; April 475; May 393; Number of Patients resident in the Hospital. March, 33; April, 42; May 48; Average daily Attendance, March, 158; April, 49; May 148; Largest daily Attendance, March, 229; April, 208; May, 200.

Charles Deady, M.D., has been appointed an Assistant Surgeon to the Hospital.

J. H. BUFFUM, M.D., *Resident Surgeon.*

NEW YORK HOMŒOPATHIC COLLEGE.—By reference to advertisement on 4th page, it will be noticed that the Faculty has been re-organized.

Colleges, Societies, etc.

AMERICAN INSTITUTE OF HOMŒOPATHY.

OPENING ADDRESS AT THE THIRTY-FIRST ANNUAL SESSION, HELD AT PUT-IN-BAY, JUNE 18th, 1878, BY THE PRESIDENT, J. C. BURGHER, M.D., OF PITTSBURGH, PA.

Fellow members of the American Institute of Homœopathy:

At the last meeting of the Institute, held at Lake Chautauqua, N. Y., in June, 1877, without solicitation on my own part, I was elected to preside over your deliberations at this session. Although your votes were directly cast for me, I understood full well that they were not intended for me alone, but may be interpreted also as an utterance complimentary to my more immediate colleagues, who have done so much for the advancement of homœopathic therapeutics in the geographical section, with which it has been my good fortune to be identified. In their behalf, therefore, I tender to you their thanks. As for myself, permit me, without either sanctioning the policy or endorsing the wisdom of your choice, to acknowledge my unfeigned appreciation of the high honor conferred upon me by your suffrages, and to thank you for this additional expression of your individual confidence and esteem. I trust that harmony will characterize your deliberations, and that they will be such as shall give weight, dignity and influence to your proceedings, and make this session one of the most important in the history of this organization. With the kindness personal feelings and the sincerest professional regards for every member of the Institute, I enter on the reponsible duties devolving upon me, and shall endeavor to discharge them faithfully and impartially to the best of my ability. In my efforts to preserve order and decorum and to expedite the business of the session, I may reasonably anticipate your co-operation, I *may* need your indulgence.

The By-laws of the Institute, among other duties, make it obligatory upon the President to "Deliver an address at the opening of each session on the progress of Homœopathy during the year past, and make such suggestions as he may deem necessary for the Institute to take action on during the session."

Those of you familiar with the writings of that prince of romancers, Sir Walter Scott, will readily call to mind his pen-picture of Old Mortality, whom he represents as devoting his life to deepening, with the chisel and mallet, the inscriptions on the unpretending tombstones, which marked the obscure graves of the whig-martyrs of Scotland; who afforded a melancholy subject of history in the times of Charles the Second of England, and his successor. It is not stated

in the narrative that Old Mortality originated any devices or that he added anything to the inscriptions! His objects seems to have been simply to restore what time had measurably obliterated. I find before me a service not unlike that of this rude Scottish sculptor, except, perhaps, that his task was self-imposed, and mine enjoined. History is but a "plain, unvarnished tale"—a narrative of facts—a record of events, and cannot be manufactured to order. The only originality the historian can claim is his arrangement of facts and his style of expressing them. His "letters patent" are simply those of design or construction of language; the date and materials, like those of science, are the common property of all.

I can neither hope to add to the earnest words of council spoken by my distinguished predecessors, nor to improve upon their recommendations and monitions; while the events which have marked the gratifying progress of homœopathy since our last session, are as familiar to you as they are to speaker. The antagonism with which homœopathy was received by the profession when first announced by its illustrious founder, still continues; and, while the hostility is equally unscrupulous, it is far less general, while many of the more progressive of those nominally classed as allopathists, tacitly recognize the law *similia similibus curantur*, and practice largely in accordance with it. Plans of treatment and methods of practice that have been taught and explicitly followed for ages, have been almost completely set aside. Authors and teachers of erudition, long experience and acknowledged ability, have made shipwreck of their old medical faith, and, on trial, have found in the use of small doses of homœopathically acting remedies, better results than they have ever obtained from their boasted "heroic treatment." The Old School has enriched its pharmacodynamics by our physiological provings, modified its practice by substituting the *small* for the *massive* doses, and, in not a few instances, employing the single remedy instead of the complex mixture. That the allopathic branch of the profession are indubitably drifting in their therapeutics towards homœopathy is confirmed by the following admissions of some of their more prominent authors. Dr. S. W. Wetmore, late professor in the medical department of the University of Worcester, at Cleveland, Ohio, in an address, read before the Buffalo Medical Association, September 4th, 1877, uses the following language: "After more than twenty-five years of earnest pupilage in the various departments of our science, I feel that I have but a smattering of each; but this I *do* know, that there is *certainly* something in homœopathy. As philosophical practitioners, we all treat diseases homœopathically every day without giving a thought of the homœopathic law. He who ignores a doctrine, a drug, or a remedial measure, without giving it investigation, is unworthy of the name of teacher. It is true, I have been culpable of that which I criticise, but then I was blind; now I see; and have the moral courage to say, *peccavi*. I positively knew nothing of that which I condemned, the measure and cause of my intolerance was my ignorance, as is the

case of nineteen-twentieths of the physicians of our school throughout the globe to-day. He must needs be blind in more than one eye, who cannot see that its superstructure is something more than imagination, faith, sugar pills, and delusion. It is seemingly unnecessary to detail the great variety of cases, I have treated by the law of similars; that there is *multum in parvo*, though that little be of spectroscopic dimensions, and that these medicinal infinitesimals hold away over morbid conditions, administered in accordance with the law *similia similibus curantur*, more satisfactory than remedies given according the principles of *contrarii contrarius curantur*. This result being the product of my own experimentation, I am positive of my deductions."

At a meeting of the New York Medical Journal Association (old school) held June 15th, 1877, S. H. Dessau, M.D., read a paper bearing the title, "The Value of Small and Frequently Repeated Doses," a report of which appeared in the *Philadelphia Medical Times* of July 21st, and was printed in full in the *Medical Record* of July 28th, 1877. It is fair, therefore, to assume that the sentiments and practice of the author stand endorsed by the profession, so far, at least, as to have been published in leading allopathic journals without comment and received by the profession without protest. Other allopathic authorities referred to in the essay afford evidence of a similar appreciation of small doses, and, so far, furnish practical recognition of the advanced ground we hold in the domain of therapeutics. Dr. Dessau says his attention was directed to this subject by the admirable work of Sidney Ringer, M.D., entitled, "A Hand-book of Therapeutics." "From the frequency with which Ringer recommends small doses of medicine, that we have been accustomed to use in much larger doses, in entirely different diseases, I was induced to give them a trial." The following homoeopathic prescriptions of Dr. Dessau, are fair samples of many more which might be quoted from his article, viz: In the vomiting of infants, due to various causes, he found the wine of Ipecacuanha, in *one drop* doses, every hour, of great efficacy. Fowler's solution of Arsenic, in the same doses, proved equally serviceable in the vomiting after a debauch, and in the morning vomiting of chronic alcoholism. In a form of bronchitis occurring in children, characterized by loud wheezing and asthmatic breathing, *Tarter emetic* proved the most efficient remedy. The strength of the solution used was from one to three grains of the drug to *one* pint of water, and of this solution a *teaspoonful* was given every hour or so. It was also of great service in bronchial catarrh, in the same doses, especially if accompanied by diarrhoea. In syphilitic cephalalgia, the *one* sixtieth of a grain of *Calomel*, given every hour, acted like magic. In gastro-intestinal catarrhs in children, he used Calomel successfully in doses of *one* sixteenth of a grain. When the stools were of a mucous character, containing blood or not, *Mercurius corrosivus* was given with brilliant results, in a solution of the strength of *one* grain to sixteen ounces of water, a *teaspoonful* every hour. In retarded menses, *one drop* doses of the fluid extract of Ergot was used with success, and

Pulsatilla, in the same sized doses, in dysmenorrhœa. He lauds Aconite tincture, in drop doses, for reducing the temperature; Belladonna in facial erysipelas and sore throat; extract of Hamamelis in obstinate epistaxis, and tincture of cantharides in strangury, in drop doses, hourly repeated. Sidney Ringer, M.D., the author of "Handbook of Therapeutics," referred to by Dr. Dessau, is a prominent member of the dominant school of medicine, and fills the Professor's chair of Therapeutics in University College, and is physician to the University College Hospital of London, England. The work was published in London in 1869, and has passed through six editions. It met with a rapid and extensive sale both in this country and in Europe. Did time permit, I might give many extracts from the work which would do no discredit to a treatise on homœopathic therapeutics. In the sixth edition of this work, issued but a few weeks since, Phosphorus is introduced in these words: "This substance for many years had fallen into disuse, but owing to its signal success in neuralgia in the hands of homœopaths, it has again recently risen to favor." Several prominent homœopaths are named as his authority for the remedial powers of different drugs. Dr. Fleischmann, of Vienna, is given as authority for the employment of *Phosphorus* in pneumonia, and Dr. Hughes for its remedial action in chronic inflammation of the rectum. Drs. Bayes, Brown and Cooper, of London, are cited as authorities for the use of minute doses of several drugs in a variety of diseases and conditions. It is to be hoped that a future edition of this, (to Dr. Dessau, at least,) indispensable work, will contain more acknowledgments of information obtained at the expense of homœopaths, and that it will meet with the same rapid sale and appreciative reception at the hands of our Old School brethren accorded by them to its predecessors. In the *Medical and Surgical Reporter*, of Philadelphia, March 30, 1878, p. 246, Charles H. Hall, M.D., closes an article on *Corrosive Sublimate* in dysentery, in these words: "These cases are taken from my case-book, to illustrate the efficacy of *small and frequently repeated doses of Mercury* in this disease. There cannot be any doubt of the success, in the great majority of cases, of this method of treatment. I could furnish records of many more successful cases treated in this manner. My success so far has been very gratifying. Ringer, who advises it in his book, deserves no credit for it except for popularizing it. Any one curious on the subject of his small doses, not only in this disease, but in almost every other one of his recommendations, has only to refer to homœopathic works and find that he has plagiarized. Take up any one of their works, even the domestic manuals of twenty-five years ago, and you will find *Corrosive Sublimate* put at the head of the list of remedies in dysentery. Although a regular physician of the *strictest sect*, I believe we should give credit even to irregulars, where they deserve it." The recent work of Drs. Burness and Mayor, bearing the title: "*The Scientific Action of Drugs on the Healthy System, etc.*," consists in illustrations of the physiological actions of drugs and their homœopathic applications, in what the authors call "the restorative doses,"

which, I need hardly say, must have appeared exceedingly small to the Old School physicians. This work received the encomiums of the leading medical journals of Europe, the *British and Foreign Medico-Chirurgical Review*, as both "original and important." The editor of the *Chemist and Druggist of London*, in reviewing this book, calls it "Homœopathy Disguised," and adds, Our theory is paraded with much display in the introductory pages of this book, and, when it is at last exhibited, we find it to be purely and simply the framework of the homœopathic system of medicine." The same may be said of Dr. C. D. F. Phillips' book on *Materia Medica and Therapeutics*, of recent date. The great importance of these works is, that they have introduced homœopathy to allopathic physicians, whose prejudice has prevented them from examining works avowedly homœopathic. Trousseau, Bartholow, Eustice Smith and other allopathic authors, mention many other medical agents as valuable and reliable in small doses, in the treatment of various disorders. One attributes to them a substitutive action, another, the physiological action antagonistic to that of the disease, another to that of differential action, etc. The *Medical Record*, of December, 1877, contains a well written article by Henry G. Piffard, M.D., of New York, in which he recommends the homœopathic formula for preparing triturations in the decimal and centesimal scales, on account of their uniformity, palatability, and the smaller dose required. As another evidence that small doses are gradually superceding large ones in Old School practice, we may instance the general favor with which *gelatin-coated pills* and *pilules*, have been adopted by the regular doctors, and their extensive advertisement in their medical journals. A certain New York firm of manufacturing chemists occupies four pages of *Braithwaite's Retrospect* in advertising these preparations. These pills or pilules are guaranteed to be uniform strength, to contain but one drug, and in the quantities named, as follows: Arsenic, 1-100 of a grain; aconite, 1-60 of a grain; phosphorus, 1-100 of a grain; gelsemium, 1-50 of a grain; podophyllum, 1-40 of a grain; strychnia, 1-60 of a grain; tartar emetic, 1-100 of a grain, etc. It is true that the size of the dose does not make the prescription in any sense homœopathic. I have quoted thus largely from Old School authorities for two reasons first, to prove, by their own statements, that they now extensively use and recommend small doses, which they heretofore sneered at, ridiculed, and denounced as fraud and humbug; and, secondly to show that the remedies used were given in accordance with the homœopathic law, and that homœopathic physicians have used the same remedies in similar diseases for more than half a century. The remarkable transition, which we have briefly considered, are striking proofs of the growing appreciation of the therapeutic principles enunciated by the immortal Hahnemann. The tendency among recent allopathic authors seems to be an effort to absorb or appropriate the much derided formula *similia similibus curantur*, without acknowledgment, and to explain, on some pathological theory or some sweeping generalization of differential action, the efficiency of

small doses when given according to the homœopathic law. With such contributions to the medical literature of the Old School before us, we may congratulate ourselves on the progress homœopathy is making in that direction. The lines which separate the avowed practitioner of homœopathy from those who do not openly acknowledge their faith in it, are gradually becoming obliterated. This change is taking place from no diminished confidence in the law of similars, from no distrust in the Hahnemannian method of obtaining a knowledge of the action of drugs, nor from any doubt of the efficacy of infinitesimal doses when prescribed homœopathically, on the part of those who advocate these principles, but from the tacit adoption of every one of them by the representative class of that branch of the medical profession which has been the loudest in its denunciations of them, and has repeatedly declared the practice of them to be a "public fraud," "their advocates ignorant pretenders and unprincipled charlatans."

Having thus briefly traced the progress of Homœopathy in the ranks of the Old School, we will now notice some of the evidences of progress in our own. If the literature of a science is any measure of its progress, we have proof of this character most conclusive, gratifying, and voluminous. As the scientific and practical character of our book and periodical literature will be presented by the committee on that subject, I merely make mention of it here for the sake of completeness. All our hospitals and dispensaries are in successful operation and are in a prosperous condition. Our numerous medical societies—State and sectional—have been well attended during the past year, and have furnished many valuable contributions in the various departments of medical science. The accessions to our professional ranks since our last session are three hundred and forty-six graduates from Homœopathic colleges, besides an indefinite number of converts from the ranks of the old school. A few years ago homœopathic physicians were seeking favorable places in which to locate; now desirable fields are awaiting their coming. In supplying the demand for homœopathic physicians, good qualities and superior attainments must be exacted. The standard of medical excellence and moral worth must be inexorably maintained. The sentiment is rapidly and properly gaining favor that at least four years study under a reputable preceptor, and three full courses of medical lecturers should be required of every one before receiving the degree of M.D. The right to practice the "divine art of healing" should be granted to no one who falls below the standard of moral worth, literary attainments, or scientific acquirements. Our ranks, filled with physicians of culture and refinement, will challenge and receive both the respect and confidence of the public. To secure this no member of this Institute should allow any one to enter upon the study of medicine, under his tuition until satisfactory evidence is furnished of the moral fitness and literary attainments of the applicant for the profession to which he aspires.

Good qualities and superior attainments, rather than large numbers and inferior acquirements, are to be sought in supplying the demand for homœopathic physicians.

As one of the events of the medical history of the past year, it may be mentioned that women have been accorded professional recognition heretofore denied to them. They have, in fact, captured several strong medical out-posts. The examinations of women for degrees in the medical schools of France, Switzerland, England, and in this country, are reported to have been as rigid as those of their male associates, and, as a rule, better withstood. The wards of the Royal Free Hospital of London, have been formally opened to women students, with a view of providing them with the necessary clinical instruction, and the same is true of the Homœopathic Hospitals of Boston and Pittsburgh. The Boylston prize essay, in this country, was won by a woman, the judges being unadvised of the sex of the author until after the award of the prize. Thus women have, with commendable energy and perseverance, surmounted all the barriers to professional recognition. Even in conservative Europe, a woman can now obtain a full medical education, and secure a registered diploma in Great Britain, entitling her to practice medicine. We have the fullest confidence in their ability, and congratulate them on their success.

I respectfully suggest that the chairmen of the respective Bureaus of the Institute be hereafter elected by ballot, a majority of all votes cast being necessary to a choice, and that the place and time of meeting be also decided in the same way.

In all human affairs a time arrives when joy gives place to sadness. While the therapeutic principles we advocate have been steadily gaining ground, death has removed from our ranks some of our distinguished colleagues, through whose labor this progress is in some measure due. Among these are numbered Mercy B. Jackson, M.D., of Boston, Mass., the first woman admitted to membership in the Institute. George W. Swazey, M.D., of Springfield, Mass., an ex-President and senior member of the Institute and Marcellin Cote, M.D., of Pittsburgh, Pa., an early convert to and able advocate of homœopathy. A biographical sketch of these and other deceased members will appear in the necrological report which will be submitted during this session.

I may as well notice here as elsewhere (although you are all familiar with the facts) the recent correspondence of Drs. Wyld and Richardson, of London, which was initiated with the view of uniting the two schools of medicine which they took upon themselves respectively to represent. Their efforts were not endorsed by either school, as might have been anticipated, and very properly resulted in a "broad farce." With regard to the action of our brethren in New York, following the ripple of excitement in England, to which so much ill-judged prominence has been given, I have but few words to say. I may be excused, I trust, for remarking that their not over judicious resolutions have not been received with any more favor, elicited any more applause, nor resulted to any more advantage to either school than that of the ill-advised concessions of our trans-Atlantic amalgamers. That both succeeded admirably in conveying very

erroneous impressions to the public at large, is evident. Properly understood, their declarations are such as most of us can endorse. There is no disposition in New York, England or elsewhere among homœopaths to yield up their principles, or abate, in the least degree, their well founded and grounded confidence in the method of therapeutics enunciated by Hahnemann. But having been misrepresented by the old school faculty, and, hence, misunderstood by the public, we are under moral obligations to disabuse the minds of both, by correcting the misstatements on the one hand, and the misconceptions on the other. Having the impression that this is a fit time and occasion to reiterate our principles—to give voice to the belief and practice of the great majority of our profession in this country, I offer the following brief declaration: The Homœopathic profession in this country (as elsewhere), without assuming more than is their right, claim to be physicians—doctors of medicine. The science of medicine includes many branches, viz: Principally anatomy, chemistry, physiology, pathology, obstetrics, surgery and therapeutics. The latter again is divided into general and special therapeutics. In these two divisions are included sanitary therapeutics, or hygiene; chemical therapeutics, relating particularly to neutralizing and disposing of poisons, etc., mechanical therapeutics, relating to surgery and obstetrics, and, finally, the administration of drugs or remedies for the relief and cure of diseases in all their multiplied varieties and multiform conditions. The entire domain of medical science, and all its collateral branches and sister sciences, belong as much to our school of medicine as they do in any other. Now it is not only clearly the province but the duty of every homœopathic physician to be familiar with, and put in practice every branch of medical science, and yet, you see, it is only in the latter (the administration of medicine) that the question of homœopathy is involved, and here it is both a duty and pleasure to practice in accordance with the principles professed. Nor is this any hardship to the physician or disadvantage to his patients. I believe that I but speak your own sentiments when I declare that in the field of special therapeutics—that is, when internal remedies are applicable—our faith in the homœopathic law is undiminished. Each day's experience confirms us in the belief that it is nature's law of remedial action. While we have inscribed Homœopathy on our banner, and adopted for our guide the law *similia similibus curantur* in the selections of our remedies, we exclude nothing, but embrace everything, claiming the right of every physician to employ what in his judgment and experience is the very best means to relieve and cure his patients.

And finally, the American Institute of Homœopathy is a medical republic, national in its character, scientific in its objects, and representative in its membership. It is composed of physicians from all parts of the United States, and admits to its councils accredited delegates from all State and local medical societies, medical institutions, hospitals, asylums, dispensaries, and medical

journals conducted in the interest of homœopathic therapeutics and other departments of medical science. It claims for itself absolute liberty in every department of knowledge which pertains to medical science. All that is required of candidates for membership is satisfactory evidence that the applicant has pursued a regular course of medical studies according to the requirements of existing institutions of this country, backed by a good moral character and professional standing. No creed or confession of belief is required of its members, further than the tacit consent given by becoming such to advance its objects and to comply with its established code of medical ethics; which neither enjoins nor forbids anything touching the practice of medicine, but leaves to the physician unrestricted liberty in the uncertain matters of medical opinion and practice. All engrafted side issues or favorite theories concerning matters of secondary importance are left to the individual, recognizing only the vital fact that we should be *true* physicians. Should emergencies arise which seem to demand a departure from the possible limitations of homœopathic law, we should do it openly, honestly, fearlessly, claiming the right to treat our patients in the way that, in our judgment, best meets the case. This liberty, however, is not license. The physician who habitually prescribes large doses of quinine, narcotics in alternation with a homœopathic remedy, or administers emetics or cathartics, in other than exceptional cases, cannot be consistently regarded as a homœopathician, whatever his pretensions. Homœopathy is essentially a curative method of treatment; where fatal disorganization is present, it can, of course, only palliate. Even in cases strictly surgical, the value of the carefully selected homœopathic remedy can hardly be overestimated. The distinctive feature of homœopathy consists in the employment of remedies according to the law of *similars*. This is the true basis, the corner stone, which constitutes the essential difference between it and all other methods of treatment. The law which guides in the selection of the remedy is independent of the question of dose—of the difference between the realists, who give comparatively large doses, and of the transcendentalists, who delight in very high dilutions. It is not in the nature of things that a law explaining and connecting a series of facts can long be ignored. Never in the history of medicine in this country was there a time when the cardinal principles we advocate were so well received as now. The word Homœopathy is, perhaps, to many, no welcome sound, but the facts which that word expresses are received with a cordiality truly gratifying. Based on therapeutic principles which differentiate it from all other methods, we have been compelled to assume, by way of distinction, a sectarian name or form, to publish sectarian journals, and to support sectarian institutions. Under this ban, if ban it be, we purpose to pursue the even tenor of our way, until all distinctions of schools and methods shall have been effectually ground to powder between the upper and the nether mill-stones of the *high* and *low* dilutions of HOMŒOPATHY.

INDIANA INSTITUTE OF HOMŒOPATHY.

The 12th Annual Session was held at Indianapolis on 21st and 22nd of May, 1878. No previous session was so well attended or so interesting as this one.

We are happy to say that Homœopathy is taking deep root in the Hoosier State and hereafter the truth as it was in Hahnemann will be faithfully taught to the people. During the session we received valuable assistance from distinguished visitors from abroad, and the members of the Institute will ever feel grateful.

Our President, W. L. Breyfogle, M. D., of New Albany, Ind., called the Institute to order at 10 A. M., and prayer was offered by the Rev. Oscar C. McCulloch.

The minutes of the previous meeting were read by the Secretary and were adopted as read.

Report of the Treasurer, Dr. J. R. Haynes, showed a balance of \$23.62 in the treasury.

Dr. W. L. Breyfogle delivered the annual address. He gave a cursory review of the progress of Homœopathy and successfully combated a few of the more formidable arguments against the practice of our school. He said: "Homœopathy has much to learn. It is yet in its infancy. Among its thousands of practitioners over our broad land are 'weak vessels,' men who in themselves forget the dignity and nobility of their profession, and grow careless of their responsibilities. Our ranks will yet be filled with conscientious, educated men, raised up to the standard of an enlightened community. We have as yet only the first shadow of an incoming dawn of the millennium of medicine."

In closing his remarks he referred to "one of our members, Dr. D. G. Stewart, of New Albany, Ind., who has laid aside the troubles and cares of life and 'entered into rest.'"

He was a graduate of the old school, in which he practiced for twenty years. For the last thirty years he had practiced Homœopathy conscientiously, faithfully and successfully. He witnessed the growth of Homœopathy with that of the city of his adoption, and when the summons came, at the advanced age of seventy five, it found him at his post. His life was one of rigid self-denial and spent wholly for the good of others. His work was not in vain and his best epitaph shall be his good deeds. Thus one by one the pioneers depart, and may we that are left fill their places as worthily and nobly.

Letters of congratulation were read from Thomas Skinner, M. D., of Liverpool, Eng., and Samuel A. Jones, M. D., of Ann Arbor, Mich.

Dr. J. R. Haynes read a paper on confirmed symptoms of *Alumina* which was referred to the committee on publication.

Dr. J. S. Mitchell, of Chicago, read a very interesting paper on Acute Bright's Disease, exemplifying the curative properties of *Asclepias Syriaca* in urinary diseases.

Referred to committee on publication.

Dr. L. S. Herr read a paper on Clinical Medicine, raising the question, can the Rhus Rad. poison be transmitted to the offspring by the male parent? Reported a case of Catarrh with Nasal Mucous Polypus, and another of Encephaloid Cancer.

Dr. H. W. Taylor said the cases of Dr. H. were those of mistaken diagnosis. Thought Syphilis was the cause of the symptoms which were cured by Rhus Radicans.

Dr. R. S. Brigham said Rhus rad. is capable of producing a very serious eruption.

Dr. J. R. Haynes believes that there never was a case of Rhus poisoning that lasted 6 months, unless there was a psoric or syphilitic taint present. Had cured a case of Rhus poisoning with Juglans Cinerea.

Dr. J. T. Boyd believes in being charitable, but doubts that Rhus poisoning could be as represented in the paper. Syphilitic eczema may have been the cause of the eruption but gives the Doctor credit for the cure of his cases as reported.

Dr. J. B. Wescott read a paper on the use of *Atropine* in Stricture of the urethra and also in relieving the rectum of impacted fæces. Referred to the committee on publication.

Dr. O. S. Runnels read a paper on Professional Revenue, which was referred to the committee on publication.

Dr. F. L. Davis advocates frequent collections.

HEPATIC COLIC.

Dr. E. M. Hale contributed a paper on Best Remedies for Hepatic Colic. Referred to committee on publication.

Dr. J. T. Boyd finds that Bell., or Nux vomica, proves successful in his hands in removing gall stones.

Dr. Wm. Eggert said that the paper would be more acceptable to a convention of Eclectic physicians. It conflicted with his ideas of true Homœopathy. Called attention to the efficacy of *China*, *Pod*, *Nux Vom*, *Arn.* and *Lyc.* never less than 2c in treatment of gall stone colic. During the attack would give *Arn.* 2c every fifteen minutes.

Dr. W. H. Taylor said the pathology and anatomy of Dr. Hale is bad. Agrees with Dr. Eggert. Has had good results from the use of Gels. in treatment of gall stone colic.

Dr. J. A. Compton thought that Dr. Hale's theory in the use of olive oil is weak. No remedy relieves gall stone colic except the passage of the stone. To facilitate that use Chloroform. Nothing except palliative treatment is of any use. Relies on *Podophyllum* a great deal.

Dr. O. S. Runnels said this is a grave subject to the patient and there is a great diversity of opinion in regard to treatment. There may be a great many stones in the gall bladder at one time, and hence the difficulty of giving a prognosis after one stone has passed into the

duodenum. As many as 500 gall stones have been found in the gall bladder at one time. Treated a case in this city which had been under the care of old school doctors, contrary to them he diagnosed Cholelithiasis. The case went on to autopsy and a gall stone as large as a minie ball, smooth and pointed at both ends, was found lodged in the ductus choledochus unable to proceed further.

Dr. F. L. Davis, of Evansville has not had any cases in his practice, although living in a malarious country and where people become bilious very rapidly.

Dr. J. R. Haynes said that the cures attributed to remedies are perhaps due often to a change of diet or climate.

Dr. W. L. Breyfogle used during the attacks Chloroform and warm baths.

Dr. Geo. M. Ockford reported a case of gall stone colic. A Methodist clergyman subject to the attacks did not have them so long as he continued riding on horseback to his charge every Sunday. Recommended the use of Chloroform during the attacks.

Dr. L. W. Carpenter visited a case in the country and found her suffering from gall stone colic. Applied hot applications of bran which greatly assisted the passage of the stones. *Nux vomica* is the remedy.

Dr. R. S. Brigham thinks heat is valuable during the attacks but would not discard Chloroform. Out door habits are recommended.

Dr. M. T. Runnels read a paper on Circumscribed Suppurative Hepatitis which was referred to the publication committee.

DISEASES EYE AND EAR.

Dr. W. H. Woodyatt, of Chicago, had a case presented to him for examination for the benefit of the Institute. The eyes were affected with Phlyctenular Keratitis which had existed for five years. The Doctor remarked that these cases occur in scrofulous constitutions and are liable to recur; that the great danger is in the opacity of the cornea which is likely to remain; and that the disease yields to homœopathic treatment in a remarkable manner, especially when it is accompanied by fresh air, salt baths and good nutritious diet. The child also suffered from Chronic Suppurative inflammation of the middle ear. He suggested the use of *Mercurius Solubilis* in this case. He spoke of the indifference of doctors relative to suppurative inflammation of the middle ear and the serious consequences which are sure to follow.

Recommended choloro-acetic and chromic acid and nitrate of silver as guarded local applications to destroy Aural Polypi. However Aural Polypi can be cured by remedies alone. *Merc. dulc.* has cured them. Some cases would get well from cleanliness and internal remedies, were it not for the fact that cotton is kept continually in the ear. The doctor gave a very interesting lecture to the Institute on diseases of the eye and ear.

A vote of thanks was tendered to him for his many valuable suggestions.

Dr. M. T. Runnels gave the report of two cases of Granular Ophthalmia which occurred in his practice. They were cured by Arg. Nit.

Dr. W. H. Woodyatt said that the cases were very instructive and brought out well the action of Arg. Nit. in trachoma.

Dr. E. W. Sawyer has cured cases of Granular Conjunctivitis by use of Iod. Pot. and Merc. Cor.

Dr. J. T. Boyd has had good results from the use of Nitrate of Silver 4 grs. to the oz., applied locally.

Dr. F. L. Davis reported a case of Pannus which was cured by internal use of Cal. Carb. 3, Hepar 3 and Sulph, 30.

NEW MEMBERS.

The Board of Censors reported favorably on the following doctors for membership :

H. W. Taylor, M. D., Crawfordsville, Ind. ; N. F. Canaday, M. D., Hagerstown, Ind. ; Geo. M. Ockford, M. D., Indianapolis, Ind. ; H. W. Brazie, M. D., Bristol, Ind. ; J. B. Westcott, M. D., Goodland, Ind. C. M. Pickett, M. D., Saline City, Ind.

The Institute voted to admit Dr. E. W. D. Sawyer, of Kokomo, Ind., as a licentiate member.

SECOND DAY.

The Institute was called to order at 9:30 A. M., by the President.

A paper on Syndectomy as a Remedy in the Treatment of Ulcers of the Cornea by C. H. Vilas, M. D., of Chicago, was read by title and referred to the committee on publication.

OBSTETRICS.

The bureau of Obstetrics was then opened and F. L. Davis, M. D., read a paper on Parturition with hints to accoucheurs. Referred to committee on publication.

Dr. J. C. Sanders of Cleveland read a paper full of practical suggestions in regard to the use of the forceps below the Inferior Strait.

Dr. F. L. Davis has attended during the last year no less than 50 cases and has had no occasion to use the forceps.

Dr. L. W. Carpenter inquired of Dr. S. how a young physician can obtain a practical knowledge of the use of obstetric instruments without actual experience at the bed-side. The knowledge comes only with an extended practice. His first case was one requiring the use of instruments, and then he had not received special training in the use of forceps.

Dr. J. C. Sanders replied that special instructions in the use of obstetric instruments is given at all of the Western Homœopathic

Colleges by the professor of the chair of Obstetrics, and no student is allowed to pass now without a trained hand as well as a trained mind.

Dr. O. S. Runnels said it is not an uncommon thing to witness old practitioners rising in conventions and saying that they never used the forceps in any case. On the other hand, men of large experience and learning like Fordyce Barker, use the forceps once in twelve cases, and others even oftener than that. I believe that difficult labor can be shortened with safety to both mother and child by the opportune and skillful use of the forceps. But, the perineum, with or without instruments, will be unavoidably ruptured in some cases—so great is the disparity in size between presenting part and vulval orifice.

Dr. J. T. Boyd stated that he had used the forceps at least 100 times, and never had done injury to the mother or child. Believes that many doctors do not understand the anatomy of the female pelvis, and hence the reason for the injury often done by the use of the forceps. A young physician should not attempt to use the instruments without previous personal instruction on the manikin.

Dr. Wm. Eggert fully appreciates the art of applying the forceps understandingly. During 15 years practice in this city never used the forceps in labor but three times. The homœopathic remedies are the best forceps in his practice. Mal-positions do sometimes occur, in which case art and instruments come into play. A great deal can be said against the use of the manikin by students. When he was young, he used the forceps six or eight times in as many months, but now sees where he made his mistakes.

Dr. S. R. Beckwith said that the strongest argument in the paper was the recommendation of time being given for the dilatation. If time is not given in the use of the forceps there is danger of ruptured perineum, fourchette, or vagina, one or all. With a traction of ten pounds there is no danger, but a traction of forty pounds imposes great risk of serious injury. The day before operated for an extensive rupture of the perineum where an *old practitioner* had failed to use the forceps skillfully. Recommended chloroform to produce relaxation.

Dr. T. P. Wilson said that he has had a large experience as teacher and practitioner, and positively asserts that the saddest day that ever dawned upon woman was when the forceps were invented. Where one man has skillfully used the forceps, fifty have failed and done irreparable injury. I would not abolish the forceps, but if they were abolished for a time the sufferings of women would be lessened. The skillful use of the forceps may be made a potent power in relieving the serious difficulties that arise in labor. "But fools rush in where angels and *obstetricians* fear to tread."

Dr. R. S. Brigham then followed with a paper on the use of Forceps in Labor. Referred to the Committee on Publication.

POST PARTUM HÆMORRHAGE.

Dr. Wm. Eggert read a paper on Post Partum Hæmorrhage. Referred to Committee on Publication.

Dr. S. R. Beckwith said that this is a very important subject, and there is a lack of confidence in the profession in regard to the use of remedies for this trouble without mechanical interference. All foreign bodies should be removed from the uterus, and it should be stimulated to contractions by warm water and friction. Often finds it necessary to give stimulants; cannot rely on internal remedies alone.

Dr. Wm. Eggert here gave the indications for the use of Arn. Ip., Bell., China, Sabina and Secale Cor., in post partum hæmorrhage. We must try to establish in ourselves confidence in the use of remedies.

Dr. W. L. Breyfogle called attention to a paper on Post Partum Hæmorrhage, read before the Missouri Institute of Homœopathy by D. D. Miles, M. D.

Dr. J. C. Sanders said that Dr. Eggert's paper utterly ignores all expedients for relief in Post Partum Hæmorrhage, except remedial agents. Nothing is said in the paper about the condition of the womb in the abdomen. The plain obstetric rule in the doctor's case was to place the hand on the hypogastric region and ascertain the condition of the womb. *Should it be riding high, by all means it should be immediately emptied.* Quantities of clotted blood are often found, and no convalescence takes place until the clots are discharged.

The doctor completely ignored this rule. Water as warm as the woman can bear should be injected directly into the mouth of the uterus. Cold water has not been so beneficial in his hands.

The doctor paid no attention to decubitus of patient. That is of the utmost consequence. Nothing is said about covering or atmosphere. Room should be cool; open windows and doors bring fresh air to the face of patient. Covering should be light. Had the preceding rules been complied with the patient might have been fully relieved in half an hour instead of five hours occupied in waiting on Arn. zooth.

Dr. Wm. Eggert replied that so far as obstetric and regiminal rules are concerned, they are so familiar to accoucheurs that he did not deem it necessary to mention them in his paper. However, he thinks more women have been killed by this dragging of the clots away from the uterus than were ever benefited by it. While he acquiesces in the recommendations of the doctor in other respects, he must take issue with him on that point.

Dr. T. P. Wilson said that warm water is very efficacious in arresting the hæmorrhage. The temperature of the water should be greater than blood heat.

Dr. J. R. Haynes would use water at the temperature of 120° or 130°.

Dr. R. S. Brigham inquired of Dr. Eggert if he would *rely upon remedies exclusively*, given in the 2c potency to arrest the hæmorrhage when life is rapidly going out.

Dr. W. H. Taylor felt lost after listening to the able criticism of Dr. Sanders, but the fact that Dr. Eggert cured his case, breaks the force of his remarks to some extent. Doctors are often at a loss to know what to do on such occasions.

Reported a case from practice:

The woman was greatly exsanguinated, and all seemed to be lost. The women urged him by all means to do something. He put the weight of his 200 pounds on the uterus and held it firmly. With this pressure hæmorrhage was absolutely impossible, and the patient was soon out of danger.

Dr. J. C. Sanders stated that he desired to limit and explain his criticism on the paper to the extent that there was *an utter ignoring of all obstetric rules*.

Dr. J. R. Haynes never allows old women to interfere. Gives them to understand that he is master of the situation. Thinks Dr. Taylor was influenced by them.

Dr. O. S. Runnels said the theory of our therapeutic law is that almost any remedy in the *Materia Medica* may be called for in any given case.

The great point is to be sure of your *similimum* and there—in these cases of rapid course and great responsibility—is *the rub*.

Dr. Eggert has narrowed the number of remedies down to eight, and formerly seven, until Dr. Ehrman informed him that *Arnica* was *the prime remedy*. Now, all the adjuvants regiminal, obstetric and therapeutic, should be utilized instead of all dependence being placed in a single remedy.

Dr. S. R. Beckwith said that Dr. Gregg, of Boston, introduced the use of warm water in post partum hæmorrhage. Lost a case in Cleveland once, in five minutes from commencement of a flow; lost another case in Cincinnati where he knew he was guilty of no neglect. If there is any sure remedy for the trouble he would like to know it. Dr. Johnson recommends that the clot be left alone.

Dr. T. P. Wilson has been in a great many conventions, and the doctors always spend nine-tenths of the time in discussing failures. Let them now relate their successes, if they have been successful.

Dr. J. T. Boyd would seize the womb and produce contraction. *Arnica* tinct. has served him well.

Dr. P. B. Hoyt read a paper upon "How women should live during gestation." Referred to Publication Committee.

Dr. D. Haggart contributed a paper on "Prolapsus Uteri, and its Homœopathic Treatment," a review of a late monograph by Wm. Eggert, M. D. Read by title, and referred to Committee on Publication.

Drs. Haynes, Eggert, M. T. Runnels and Compton, were appointed by the President as a Bureau of Legislation.

Drs. O. S. Runnels, C. T. Corliss and R. S. Brigham, were appointed as a Committee on Publication.

Dr. W. L. Morgan reported a case of Staphyloma of the Cornea, cured by Arsenite of Pot. 20x, Sulph. 20x, and Phos. 20x.

Dr. T. P. Wilson said that the doctor had shown commendable diligence in the management of the case, and gave him full credit for the cure, but doubted the correctness of his diagnosis.

Dr. F. W. Becker read a paper on "Rupture of Hernial Sac." Referred to Committee on Publication.

On motion of Geo. M. Ockford, M. D., a committee of three were appointed to confer with a committee from the old school convention to perfect a bill to be introduced into the next legislature to regulate the practice of medicine. Drs. Haynes, Boyd and Ockford, were named by the Chair as that committee.

Dr. J. A. Compton reported the case of Dr. E. B. Thomas, whose death was caused by the rupture of a branch of the renal artery.

Dr. S. R. Beckwith said that the case was truly marvellous—nothing of the kind being recorded.

Dr. H. W. Taylor thought that the post mortem examination was not thorough. There must have been some previous inflammatory condition of the kidney.

Dr. S. R. Beckwith reported a case of recto-vaginal fistula. Gave chloroform, and with two tenacula attached to each side of the upper parietes of the vagina, drew the vagina through the ostium vagina, and closed up the fissure with sutures.

Dr. J. T. Boyd reported a case of compound comminuted fracture.

Dr. F. L. Davis gave his experience with R Carbolic Acid. grs. v, Oleum lini ʒj M. He used this in suppurating wounds with good success.

Dr. P. B. Hoyt read a lengthy and interesting paper on epidemics. Referred to Committee on Publication.

Dr. J. T. Boyd has noticed that fear has much to do with bringing on contagious diseases.

Dr. F. L. Davis read a paper on Microscopy. Referred to Committee on Publication.

Dr. M. T. Runnels moved that Profs. Sanders, Beckwith, Wilson, Cowperthwait, Woodyatt, Franklin, Mitchell, Hale and Vilas, be elected honorary members of the Indiana Institute of Homœopathy—Carried.

Dr. T. P. Wilson brought up the request of Madame Hahnemann for assistance to give to the profession the unpublished works of Hahnemann. A subscription was immediately taken up, and the members of the Institute raised the amount to \$500.

RAISING THE STANDARD.

Dr. O. S. Runnels introduced the following:

WHEREAS, There has been a movement originating in Western Homœopathic colleges which has culminated in an inter-collegiate conference, which was held

in our city May 21st., to consider the subject of improvement of the standard of lecture and doctorate requirements, and

Whereas, The deliberations of said conference have resulted in setting up a standard of medical education which commands our hearty approval: therefore

Resolved, That we, the members of the Indiana Institute of Homœopathy, will give the colleges adopting the plan our earnest support.

The resolutions were unanimously adopted.

The following constitute the Bureau of Investigation as appointed by the President:

Materia Medica and Provings—O. P. Baer, Chairman; A. McNeil, J. A. Hyde and A. L. Fisher. Clinical and Psychological Medicine—Samuel Maguire, Chairman; Geo. M. Ockford, W. Moore, G. W. Higbee, E. W. Sawyer and E. W. Beckwith.

Gynecology—H. W. Taylor, Chairman; O. S. Runnels, W. Eggert, W. F. Becker, and W. H. Brazie.

Diseases of Children—O. S. Runnels, Chairman; F. L. Davis, C. M. Pickett, J. B. Westcott, H. L. Obetz, and E. Beckwith.

Surgery—F. W. Becker, Chairman; J. T. Boyd, Geo. W. Bowen, Zimri Hockett, and N. F. Canaday.

Epidemics—R. S. Brigham, Chairman; J. C. French, J. H. Borger, and J. A. Compton.

Ophthalmology and Otology—M. T. Runnels, Chairman; W. L. Breyfogle, A. C. Jones, and W. R. Elder.

Microscopy—L. W. Carpenter, Chairman; E. P. Jones, C. T. Corliss, and J. R. Haynes.

Sanitary Science and Climatology—P. B. Hoyt, Chairman; L. S. Herr; D. Ferguson, and W. T. Branstrup.

ELECTION OF OFFICERS.

President, C. T. Corliss, Indianapolis; First Vice-President, F. L. Davis, of Evansville; Second Vice-President, J. T. Boyd, Indianapolis; Secretary, M. T. Runnels, Indianapolis; Treasurer, J. R. Haynes, Indianapolis.

Censors—Wm. Eggert, O. S. Runnels, G. M. Ockford, R. S. Brigham, and W. F. Becker.

A vote of thanks was tendered to the press and the trustees of the church in which the convention was held.

Drs. Haynes, Runnels and Eggert, were appointed delegates to the American Institute of Homœopathy, to be held at Put-in-Bay, in June. Drs. Taylor, Davis, and Runnels were appointed alternates.

The Convention then adjourned to meet at the call of the President and Secretary.

M. T. RUNNELS,
Secretary.

Otology and Ophthalmology.

HENRY C. HOUGHTON, M. D., AND GEO. S. NORTON, M. D., N. Y. CITY, EDITORS.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

The second annual meeting of this society was opened for business in the smaller hall of the Put-in-Bay House, June 19th, '78, the President, T. P. Wilson, M. D., in the chair. In the absence of Dr. Hills, Dr. F. P. Lewis filled the position of secretary.

The following members of the society were present : Drs. Wilson, Woodyatt, Norton, Phillips, Hunt, Boynton, Vilas, McGuire and Lewis.

After an able address by the President, the following papers were offered for the consideration of the society : Recent Advances in Ophthalmology, by Dr. A. Wanstall, Baltimore ; Embolism of the Central Artery, by Dr. George S. Norton, N. Y. ; Myopia, with Results of Examination of the Refraction of School Children, by Dr. F. P. Lewis, Buffalo ; On the Relations of Ciliary and Recti Muscles, by Dr. W. H. Woodyatt, Chicago ; Case of Pemphigus Conjunctival, by Dr. Jas. A. Campbell, St. Louis, Mo. ; Abuses of Atropia, by Dr. D. J. McGuire, Detroit ; Relation of Fovea Centralis to Accommodation, by Dr. T. P. Wilson, Cincinnati ; Anomalous Cases from Practice, by Dr. W. A. Phillips, Cleveland. These papers were all read and fully discussed in this and subsequent meetings held in Room 48 of the same hotel. Dr. C. H. Vilas made a verbal report also of some peculiar cases. The Board of Censors reported favorably on the names of the following persons, who were admitted to membership : A. H. Winslow, M. D., Pittsburgh, Pa. ; C. L. Hart, M. D., Sioux City, Iowa ; Frances G. Janney, M. D., Columbus, O. ; E. D. Van Norman,

M. D., Springfield, O.; L. B. Couch, M. D., Nyack, N. Y.; C. C. White, M. D., Columbus, O.; Charles Deady, M. D., New York, N. Y.; L. Kimball, M. D., Bath, Me.

It was moved and adopted that hereafter in order to defray necessary expenses an initiation fee of two dollars and annual dues of one dollar would be exacted. The officers chosen for the ensuing year were:

President, George S. Norton, M. D.

Vice-President, W. A. Phillips, M. D.

Sec'y and Treas., F. Park Lewis, M. D.

Censors, W. H. Woodyatt, M. D., F. H. Boynton, M. D., D. J. McGuire, M. D.

Adjourned to meet at Lake George at such time as the President might appoint.

F. PARK LEWIS, M. D., Secretary.

CILIARY NEURALGIA WITH ACUTE CONJUNCTIVITIS; CASES; REMARKS.

Under this title we shall describe a comparatively rare and not usually recognized disease of the eye, and give its proper therapeutical treatment. We shall commence by giving in detail, a few characteristic cases from which our deductions have chiefly been drawn, and follow them by a few remarks on the etiology, etc.

CASE I.

Dec. 7, 1876, Michael G., aged 31, an Irish comedian, applies to me for treatment, complaining, that for 12 days, after taking cold on the stage as he supposes, he has suffered with severe pain over his left eye, and some redness of the eye. Upon examination I find *excessive redness of the conjunctiva*, the vessels are enlarged and of a dark color, the deep ciliary injection is not marked and there is slight chemosis. The pupil is widely dilated from Atropine. The lids are a little

swollen. *The pain is very severe over the left eye and darting from the eye up into the head; is always worse at night so cannot sleep.* R. Cedron 2.

Dec. 8. The pain was intense last night till 3 a. m., when he took a dose of salts; after it had operated he obtained relief from pain and has had none since. To-day there is much chemosis with especial engorgement of the superficial conjunctival vessels. Eyeball somewhat sensitive to touch. Fundus normal. Tension about normal or a trifle decreased. R. Merc. corr. 2.

Dec. 9. Said to be worse, though is not seen. R. Atrop. ext. Acon. 1 int.

Dec. 11. The condition of the eye is the same as on the 8th, though the movement of the eyeball is somewhat more circumscribed, owing to the chemosis. The pain is not quite as severe since using Aconite but is more of a "grumbling" character though sufficient to prevent all sleep. The tongue is coated, thick yellow. No appetite. *Urine very dark red*, like blood; after standing becomes thick and leaves a red adherent sediment. Pain across the kidneys. Much flatulence.—R. Terebinthina. 1 and Atrop.

Dec. 12. Less chemosis. Slept some last night for the first time. Urine almost normal in color.—Repeat.

Dec. 13. Much better. No chemosis. Heat in ball, but hardly any soreness. Some pain from 8 or 9 in the evening till morning. R. Ars. 30 and Atrop.

Dec. 14. Redness much less. Slept well last night. Appetite fair. Urine a little thicker.—R. Ars. 30.

Dec. 15. Much pain again last night from 8:30 p. m., to 1.50 a. m., more in the temples and over the left eye, extending to the top of the head. The eye was sore to touch during the pain but better afterwards.—R. Bry 3.

Dec. 16. Had no pain till towards morning but was very restless. R. Bry 3.

Dec. 19. No pain since, and only a little redness.—Repeat med.

Dec. 30. Has been very well until to-day there is slight pain and redness.—*R. Bry* 3.

Jan. 5, 1877. Was speedily relieved and is now all right again.

Jan. 26. Slight return of trouble which quickly disappeared while taking *Lach*.

Mar. 17. Another attack of severe pain over the left eye and through corresponding side of head, as if pierced by a needle, only at night, with slight redness of conjunctiva. Under *Spigelia* 200 it was rapidly cured.

CASE 2.

May 22, 1877. Catherine O. C—, aged 40, came to my clinic at N. Y. Ophthalmic Hospital, for relief for her eye, which had been troubling her five days. Examination shows, considerable redness of the conjunctiva of the left eye; iris sluggish, dilating slowly but regularly under *Atropine*; much pain in and above the eye, always worse at night; tongue coated yellow at the base.—*R. Merc. prot* 30.

May 24. The pain has increased. *R. Atrop. ext. Acon.* 3 int.

May 25. No better. Awoke at one this morning with severe beating pain in the eye especially at the internal canthus, which continued one hour. Now has some pain on the left side of the head. Lachrymation on looking down. The ball is sensitive to touch and very red especially the inner half. Pupil moderately dilated from the *Atropine* used yesterday. Urine scanty and high colored, with red sediment. Pain in the back.—*R. Tereb.* 2.

May 26. No pain last night. Continue medicine.

May 29. Only slight redness and that is of a dirty brown red. No pain. Pupil normal.—Repeat.

June 1. Nearly well.—*R. Tereb.* 30.

Aug. 6. The left eye has been well for two months. To-day the right eye is decidedly injected. She says that she first had pain in the right supra-orbital region on the morning of Aug. 4th. On the 5th the eye commenced to get red. Now complains of sharp darting pains from above the right eye down through the eye and a feeling as if sand were thrown violently in the eye. Urine dark and scanty with dark sediment.—℞. Terebinth 3.

Aug. 10. Is much better in every way.—*Repeat.*

Was not again seen though have no doubt but that she was permanently relieved.

CASE 3.

June 14, 1877. Patrick A—, 23 years old, has complained of his left eye troubling him some three weeks. For two weeks the pain has been quite severe, very sharp in character and extending through the left eye to the back of the head, always worse at night. Conjunctiva quite red with deep ciliary injection. The pupil is contracted but dilates regularly though slowly under Atropine.—℞. Atrop. ext. morning and evening, Merc. prot 30, int.

June 15. No pain last night.—*Repeat.*

June 16. More pain. Pupil only a trifle dilated.—℞. Atrop. every two hours, Merc. corr. 2.

June 19. Symptoms the same as on the 14th only somewhat aggravated. Took him in the N. Y. Oph. Hospital this afternoon, put him to bed, applied a cotton pad to eye, continued the Atropine drops (grs. iv : ʒi) and gave internally Bryon. 30.

July 10. Has been in the hospital since the last date. From the time of his admittance until one week ago there was no permanent improvement. At first Bry. seemed to give slight relief. Merc. corr. and several other remedies were of no avail. Terebinth cleared up the urine which at one time was quite dark, though effected no visible improvement in the

eye. Cedron gave temporary relief from pain for several days but nothing permanent. As no good result was obtained from Atropine and no tendency to adhesions was observed, its use was discontinued. It was noticed that when Atropine had been stopped, for only a few hours, the pupil would rapidly contract. The tension was frequently tested and found to vary, even in a short time, sometimes being greatly diminished and again nearly normal, most of the time, however, it was decreased. The left side of the face was flushed and the temperature higher than the right side. Considerable haziness of the vision. The tongue was coated and appetite poor. About a week ago or less, taking into consideration all these symptoms, Amyl nitr. 30 was given. Amelioration of the pains was noticed within twenty-four hours, while the redness of the eye and other abnormal symptoms began gradually to disappear. Discharged from hospital this day cured, with the exception of slight haziness of the vision and pupil a little more contracted than the right.—Continue Amyl. nitr. 30.

July 13. Pupil normal and sight clear.

CASE 4.

June 25, 1877, James C., aged 32, has had very severe pain over his left eye and in the temple, night and day, for two weeks. Twelve months ago had a chancre. For one year has never perspired on the left side of the head, while the perspiration is profuse on the right side. (This is very noticeable as it stands in large drops which pour off from the right side, while the left is perfectly dry). The conjunctiva is very red with deep ciliary injection, cornea clear, much lachrymation and some photophobia. Pupil dilated with Atropine. Stops the drops. R. Merc. corr. 2.

June 27. Pupil still widely dilated. Aqueous apparently hazy. Pain and other symptoms the same.—R. Terebinth 2.

June 30. Pain much better and redness less. R. Terebinth 1.

July 5. Nearly well, only a slight conjunctival injection.
—Repeat.

Was not again seen.

REMARKS.

Only these four cases are given in detail, as they are the most characteristic of all we have observed and will serve to illustrate the general features of the disease. Many others have been similar in several points and have been cured by the same medicinal agents, yet cannot be considered characteristic of or belonging to this form of eye trouble.

SYMPTOMATOLOGY.—Hyperæmia of the conjunctiva is early observed, becoming more and more pronounced as the disease advances until it may reach a very high degree. This *redness of the conjunctiva* is, however, variable, sometimes being excessive and complicated with marked chemosis, while again it is very moderate amounting to hardly more than a simple hyperæmia. At no time is it commensurate with the severity of the symptoms. The redness is usually dark, as if, of venous origin; especially in the latter stages when going on to resolution, it assumes a dirty brown color, though during the height of the inflammation may be bright red. The infiltration may not be confined to the conjunctiva (chemosis) but extend into the cellular tissue of the orbit, interfering with the mobility of the eyeball and even producing exophthalmus. Deep ciliary injection is generally found. The lids may be swollen (oedematous) or not. Cornea remains clear. Photophobia and lachrymation are *generally* found. *The pupil is contracted*, but dilates regularly, though slowly, under Atropine, while the effect of the drug soon passes away and the pupil again contracts. There is no tendency to posterior synechiæ, so far as we have observed. The *tension* is changeable even within a short time, though is more frequently *diminished* than otherwise. (We have never seen it increased). The eyeball is sensitive to touch as is also, sometimes, the orbit around. *The pain is excessive*

and always present, varies in character from a dull, "grumbling," aching, beating pain to a severe, sharp, darting pain, seeming as if it would almost drive them crazy, not only involves the eyeball but is especially severe *over* and around the eye extending through to occiput on corresponding side of the head, often following the course of the supra-orbital nerve, is always *worse at night* and is frequently accompanied by severe paroxysm, particularly in the early morning hours (1 to 3 A.M.) This pain is, as I have said, never absent, and, I think, often precedes all the other symptoms. *Its severity is out of all proportion to the objective symptoms. The corresponding side of the face is flushed* and the temperature, probably increased. General constitutional disturbances almost invariably accompany the above local changes, particularly, derangement of the digestive functions, as shown by want of appetite, coated tongue, constipation, etc., and kidney complications, as evidenced by the *scanty and high colored urine*, heavily charged with the urates and phosphates, *pains in the back*, etc.

ETIOLOGY.—In all the cases that have ever come under my observation only the left eye has been affected, whether this has been a simple coincidence or not, I am unable to say.

The exciting cause has usually been ascribed to a cold by the patient. Perhaps syphilis or any other constitutional dyscrasia may have an influence upon its origin, though we have not yet been able to directly trace the connection.

The pathological changes are only explained from a study of the symptoms. From such study *we consider this disease as purely nervous in its origin and that all the eye symptoms are produced by disturbances in the vasa motor system of this organ.* It is very evident that the sympathetic is at fault, probably as a paresis, for in no other way can you account for this train of symptoms, conjunctival redness, even chemosis and infiltration into the orbital cellular tissue (as found in Morbus Basedowii), contraction of the pupils, diminished intra-ocular tension,

flushing of the corresponding side of the face, constitutional derangements, etc. The 5th pair is also decidedly involved, as shown by the character of the pain, and this *may be* primary to the alterations which take place in the sympathetic system.

Its course is slow and subject to accelerations or relapses though we believe it may be cut short in any stage by proper treatment.

TREATMENT.—Local applications are, in our opinion, not advisable in this affection. Atropine, which may seem indicated, we have employed, in several cases though never yet has it yielded the beneficial results that one would expect. Heat, either dry or moist, sometimes proves of service in relieving, to a certain degree, the severe pain; so that we are now in the habit of keeping the eye warm by a cotton pad. Cold has aggravated in some cases and been of no avail in others. Rest and proper hygienic rules are recommended. Our main reliance, however, must be placed upon internal medication.

Aconite may be of service in the first stage, when the pain is excessive, the heat and dryness marked, febrile symptoms prominent and if caused from exposure to cold, though it cannot be considered a remedy that will often give permanent relief.

Amyl nitr. should be considered as one of the two remedies most frequently indicated. Its action upon the vaso-motor nerves as well as the similarity of its symptoms to those of the disease, all point to its use. The *flushing of the face* and blood-shot conjunctiva are particularly noticeable when this drug is called for. The proving of Amyl nitr. has not yet been carried far enough to produce all the symptoms of this trouble, though its clinical results, as illustrated in case 4, show very clearly its special sphere of action.

Arsenicum. Pains burning and periodic in character; chemosis.

Asafetida. Pain boring above the brows.

Bryonia is an important remedy in this affection and should always be borne in mind. The pains are severe and shooting, extending to the top of the head or through to the occiput, are usually worse at night and aggravated on any motion of the eye. The ball is quite sensitive to touch and feels sore on movement, especially after an attack of pain. Characteristic stomach symptoms will also be usually found.

Cedron. Supra-orbital neuralgia.

Cinnabaris. Mercury, though often used has never been of any assistance to us, with the exception of this preparation, in one case, occurring in a colored woman. Only the external half of the conjunctiva of the left eye was injected and puffy, though the pains were very severe, seeming to *run around the eye*, and were worse at night. Cinnab. 30 speedily relieved.

Spigelia covers very closely the pains observed in these cases, which are usually sharp and stabbing in character as found under the drug. From its physiological action as well as its clinical success in similar cases we consider it a valuable remedy. (For a detailed account of its clinical verification in ciliary neuralgia we would refer to "Ophthalmic Therapeutics p. 127 by Allen & Norton.")

Terebinthina. This remedy, though comparatively new in its application to diseases of the eye, we would place foremost in the list, as more commonly indicated and more generally useful. Its action upon the eye as found in the *Materia Medica*, gives us no idea of its value in ophthalmic affections, and its employment in these troubles was suggested by the occurrence of characteristic constitutional symptoms at the same time. It is unnecessary for me to repeat here the symptoms which have been cured as a better idea of its sphere of action can be obtained by referring to cases 1, 2 and 4 just reported. In another instance which now comes to my mind the pain was described as "sore pain in the eye, occasionally shooting in character;" this was accompanied by much redness

of the conjunctiva, agglutination of lids in the morning, lachrymation in the evening, blur before vision, severe pain in the back and dark urine (Terebinthina 1 quickly cured). The chief points which decides us in the selection of this drug are the *urinary symptoms and pain in the back* (these are rarely absent).

Sodium, Salcyl. and Chininum mur., in appreciable doses, may be of service in controlling the pains, judging from their usefulness in other painful disorders of the eye.

Calc., Rhus and other remedies may be required in certain cases.

Electricity has never been employed, to our knowledge, in these cases, though should judge from the etiology of the disease, that it might be adapted to this form of ciliary neuralgia with acute conjunctivitis.

G. S. N.

36 West 27th st., New York City.

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- *C. Th. Liebold, 21 W. 30 st., N. Y. City.
- T. F. Allen, 10 E. 36st st., N. Y. City.
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And "Ye Editors."

The star before the name signifies that they are specialists *exclusively*?
The others are particularly interested in the subjects.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, CORNER
3RD ave AND 23RD STREET.—Report for the month ending July 1878. Num-
ber of prescriptions 3,291 ; number of new patients 372 ; number of pati-
ents resident in the hospital, 45 ; average daily attendance, 132 ; largest,
daily attendance 178. J. H. BUFFUM, M. D., Resident Surgeon.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

HOT INJECTIONS (40° R = ABOUT 120° F) IN METRORRHAGIA.

Although *Trousseau* recommended some twenty years ago hot water injections in flooding, the merit belongs to *Windelband*, to have brought this American re-discovery before the medical public. He used them for the last two years in flooding after abortion, miscarriage, or at the full term, in profuse menstruation from dilatations of the uterus or chronic inflammatory processes; in uterine fibroids as well as in hemorrhage from carcinoma. He begins with a temperature of 38° , and gradually rises to 41° R. He ascribes the favorable influence to the direct action of the heat on the muscular fibres of the uterus, as he could not observe that the heat caused a coagulation of the blood, and thus formation of thrombi. *Landau* and *Jaksch* also record in favor of hot injections. *Jaksch* witnessed only twice a failure; in one case the water was not injected hot enough, and in the other case puerperal infection was the cause of death. He is fully convinced that the hot stream is able to cause severe labor-pains, and in no case could he observe during the puerperium any unfavorable symptoms. *Kunze* applied this method in twenty-two cases, of which ten were purely atonic floodings, post partum, seven hemorrhages after abortus, with retention of placental remnants, five hemorrhages in uterine neoplasms. It will fail where placental remnants or blood coagula keep up the flooding, and transient benefit can only be expected in uterine neoplasms. He also praises its beneficial influence on the general health of the patient, as thus heat is carried into the anæmic and cold body. *Peter* injects the water as hot as the patient can bear it, and always saw good effects in non-puerperal hemorrhages. He also recommends rubber bags, filled with hot water, to the loins and spinal column, or hot baths for two to three minutes. *Fassbender*, of the Charité in Berlin, uses it in connection with *Secale* (2, 0 to 5, 0 pro die) in all uterine hemorrhages, and always succeeded, though the

procedure had to be repeated in several cases. *Richter* has used it for the last ten months in one hundred and twelve hemorrhages, one hundred and five of which being puerperium, and always with satisfactory results. Two or three litres (2 to 5 pints) suffice. The injection of 40° must only go to the portio vaginalis, but the syringe must enter the os in order to spray the bleeding tissues in the uterine cavity, or else the method would fail to show its best results. The heat of the water, mixed with a 1% Carbolic acid solution, used for irrigation, is always determined by the thermometer, being 40°, 5 R. when filled, it will be 39°. 5 to 40° when entering the uterus. Even a tender hand can move about in such hot water without being scalded, although it may produce a burning sensation, but *this is the limit*, ½° higher might be injurious. Below 38, 5 R. he never saw any good results.

Nor do fresh ruptures of the perineum prevent the use of the hot irrigations. In all cases it is our duty to ascertain that there are no blood coagula in the vagina nor in the uterine cavity, as the hot spray must be directed against the source whence the bleeding comes, or else we cannot expect to stop the hemorrhage with it. *Richter* does not believe that the sole cause of its beneficial effect lies in the contractive power of the heat, which thus produces effective contractions of the uterus, he rather believes that the longer contact of the hot water with the inner wall of the uterus, partially bereft of its mucous membrane, causes somewhat of an inflammatory irritation, an oedema and swelling of those tissues, especially of the sub-mucous, intramuscular and perivascular connective tissue, thus compressing the blood vessels running through it and along their lamina.—*Wiener Med. Wochenschr.* 4, 1878.

ON THE INFLUENCE OF HEPATIC DISEASES ON THE EXCRETION OF UREA.

BY DR. BRONARDEL.

According to the latest physiological studies, the liver must be considered the chief organ for the formation of urea, and it originates in consequence of the destruction of the red blood-corpuscles, which takes place in that organ. Convinced of this idea, Bronardel examined

the quantities of urea found in the urine in different hepatic diseases, and came to the following interesting conclusions:

1. In acute yellow atrophy of the liver the urea is diminished or disappears entirely.

2. In intoxications with Phosphorus the quantity of urea slowly decreases; and diminishes with every new dose of the poison.

3. In severe cases of uterus gravis the primary diminution of urea is followed by a discharge of a larger quantity of urine, which may be considered critical. The liver, whose volume was at first diminished, returns to its normal size.

4. In common icterus the quantity of urea does not decrease, it even increases sometimes, and according to the quantity of urea the prognosis may be given.

5. In hepatic abscesses, according to Parkes, the urea increases, but authorities differ on this point, as everywhere, where a disturbance in the liver takes place, even when fever is present, the quantity of urea sinks.

6. Where biliary calculi are present, with obliteration of the ductus choledochus and destruction of hepatic substance, the quantity of urea decreases, especially during every attack of bilious colic. The same happens during an attack of intermittent hepatitis.

7. In hypertrophic and atrophic cirrhosis of the liver the quantity of urea decreases.

8. The quantity of urea is greatly reduced in the steatosis of phthisical patients.

9. In carcinoma or hydatids of the liver the urea decreases in consequence of destruction of a considerable portion of the substance of the liver.

10. *In active congestion of the liver the quantity of urea increases.*

11. In lead colic only a small quantity of urea is excreted, where the volume of the liver decreases in the beginning, as soon as the former dimensions present themselves, the quantity of urea increases.

12. *Transient glycosuria gives an increase of urea which lasts till this affection ceases.*

13. In diabetes we meet the largest excretion of urea.

The quantity of the urea excreted depends therefore, 1st, on the integrity of the hepatic cells, and 2nd on the greater or lesser activity of circulation in the liver.—*Med. Centr. Zeit.* 38, 1878.

ON HEMOPTŒ IN HYSTERICAL WOMEN.—Dr. Franco relates the following case: A young lady of 20, engaged to be married, suffered from hysterical fits and in shorter or longer intervals from hemoptœ. The most celebrated physicians of Naples prescribed the usual remedies without any benefit and therefore advised the breaking off of the engagement. Franco could only find in the right apex slight rattling murmurs, but all other manifestations of tuberculosis were wanting, and therefore advised marriage as the best, the only remedy necessary for a cure. As heredity was impossible in this case, and as there never were any febrile symptoms during the hemoptœ and during every interval physical examination proved an entire absence of any chest-disease, and as other hysterical symptoms were present, he considered the hemoptœ a mere vaso-motory disturbance and urged matrimony. His advice was followed, pregnancy followed soon and the young mother enjoys now the very best of health. In another case, a regular blue-stocking of a woman, was attacked with hysteric hemoptœ, and here also physical examination revealed a total absence of any tuberculous infiltration. She also married and that was the last of her hemoptœ. There cannot be the least doubt, that hysterical hemoptœ can be explained from neuroparalytic hyperæmia and rupture of the capillaries. As in woman love plays the chief part of her life, the physicians ought to be careful, not to destroy a life's happiness by a wrong diagnosis, by a mischievous prognosis, and by faulty treatment.—*Nuovo Giornale Internationale.* March 1878.

INHALATIONS OF OLEUM TEREBINTHINÆ FOR PERTUSSIS.—*Dr. Albracht Gerth* cured an acute laryngeal catarrh with inhalations of Oleum Terebinthinæ (thrice daily drop twenty drops on a handkerchief, hold it before nose and mouth and let the patient make about 40 deep inhalations). In the same room was an infant of 15 months, suffering from the convulsive stage of whooping-cough with catarrh of

bronchi and evening fever; condition of the child scrofulous. The mother attended scrupulously to the child during waking hours and when asleep some drops were put on the pillow. Improvement was visible in 24 hours, and fresh air was frequently admitted into the room to clear it from all impurities. Since then Gerth has treated many children of different ages and in all the different stages in the same manner, not only with perfect satisfaction, but in several cases the whole disease was cut short.—*Allg. Med. Centr. Zeit. March.*

AFFECTIONS OF THE PANCREAS IN CERTAIN FORMS OF DIABETES.—

Dr. Lancereaux brought several pancreas of persons, who died from diabetes, before the French Academie de Medecine. From the diseased organs and the clinical histories it becomes clear that there must be a connection between the rapid course of the diabetes and the diseased pancreas. The patient suffered from polyphagy, polydipsy, excessive emaciation and excessive glycosuria. Experiments on animals show that after destruction or extirpation of the pancreas the animals become voracious, emaciate and soon die. Pancreatic diseases in men also begin with polyphagy, rapid emaciation, followed by glycosuria and peculiar discharges per anum. Prognosis is not favorable, still life may be prolonged by careful diet, the patient must take only such food, which the stomach alone can digest, and which does not need the pancreatic juice.—*Gaz. des Hopitaux. Nov. 1877.*

PSYCHICAL EPILEPSY.—We understand by psychical epilepsy an affection with a typical course, where the mental affection appears instead of the epileptic spasms. It sets in suddenly, reaches its acme in a few hours, rapidly decreases and is followed by perfect mental restitution. Such a psychical epilepsy presents itself always in the same form and with the same train of ideas, but no secondary psychosis follows, nor does the mind become weakened. *Weiss* saw last year four such cases: One patient denies ever having had any spasms. He suffers from mental perturbation, lasting two or three days with maniacal paroxysms, feels a short aura, but the attack is

followed by perfect amnesia and total mental restitution. The second patient has complained for the last thirty years of vertigo, anguish and dullness of head. Now he is forced to run about, to attack whatever and whoever comes in his way, screams fire, fire, and after two days the fit is over and he appears again sane. The third patient is regularly two or three days before menstruation full of anguish and downhearted, then the maniacal fit sets in, lasting two or three days and then she appears all right again. The fourth patient, a boy, complains sometimes several times a day, or only every eight to fourteen days of a short lasting anguish, he sees a figure, which he wants to destroy, during that time he is unconscious (*petit mal*), and consciousness returns after one or two minutes. Three months later short attacks of stupor were observed, followed by genuine epileptic fits with tonic and clonic spasms.—*Med. Neuigk. May 1878.*

TREATMENT OF PSORIASIS WITH CHRYSOPHANIC ACID.—

Balmanno Squire and Neumann recommend R: Acid chrysophan. 10.0, Ungu. simp. 40.0, æ. Bergamot. gtt x.; Ointments of less strength have failed in their hands. The patient takes daily a bath, where the scales are removed with green soap. After the bath the ointment is rubbed in on the affected spots seriatim, the first day on the trunk, then upper extremities, then lower extremities, finally on the fourth or fifth day on face and scalp. Heavily infiltrated places are covered with rags thickly spread with the ointment. The skin becomes erythematous, but this redness soon passes away.—*Pest. Med. Presse 21, 1878.*

FARADIZATION OF THE SPLEEN IN INTERMITTENT FEVER.—*Tschulowski* assures his readers, that, especially in recent cases, faradization of the spleen removes the paroxysm and improves the general health of the patient. Quinine is expensive and some patients cannot tolerate large doses, and too often evil sequelæ follow its use, all of which is obviated by the simple and innocuous faradic treatment.—*All. M. C. Z. 46, 1878.*

Gynecology.

W. H. BLAKELY, M. D., BOWLING GREEN, KY., EDITOR.

EXERCISE IN THE TREATMENT OF UTERINE DISPLACEMENTS.

BY JAMES D. CRAIG, M.D., DETROIT, MICH.

If it could be fully demonstrated to the profession how many chronic ailments originate and depend for their continuance on a want of harmonious muscular vigor, it would not only cause surprise, but in many cases a very decided change of treatment. Spines have been scarified, cupped, blistered and burned, and many a uterus tortured by caustics and mechanical appliances to support it, because the attending physician has been ignorant of the signs of impaired muscular power, thus subjecting the poor patient to a false diagnosis and worse treatment. This is hardly to be wondered at, because in our medical schools the attention of the student is constantly directed to other measures of treatment rather than hygienic, and it results, as might be expected, that even physicians who have become prominent in their profession are often surprisingly shortsighted outside of the *Materia Medica*.

My attention has been directed anew to this subject by reading a paper in the *Cincinnati Medical Advance* for May, by M. M. Eaton, M. D., entitled, "Atmospheric Pressure, the most important factor in supporting the uterus in situ," because if his theory be true, and, to my mind, there is but little doubt of it, the cause and cure ought to be apparent at a glance, and yet, with the exception of recommending the use of abdominal supporters, the proper treatment has completely escaped the doctor's notice.

Dr. Eaton's theory is essentially as follows: "The abdominal cavity is destitute of air outside of the intestines,"

and just as water is retained in a bottle when inverted and air is prevented from entering it, so the uterus is retained in situ by the upward pressure of the atmosphere through the vagina.

For the sake of illustration, if we suppose the bottle to be of rubber, having a plug fitted into its neck which is air-tight, and yet loose enough to move freely, we shall readily understand how its position will be affected by pressure from above; and if we suppose that the contents of the bottle is of a semi-fluid character, we shall see that if the rubber loses its elasticity and fails to sustain a vacuum from the downward pressure of the contents by the force of gravity, the plug which corresponds to the uterus will descend, in proportion as the rubber relaxes, until it is expelled. Indeed, it would do so by its own weight, without the presence of the contents within, which corresponds to the bowels, but this would facilitate its expulsion by the added weight brought to bear on it.

It will be readily seen, therefore, that relaxation of the abdominal muscles, whether from pressure of the clothes, over-exertion, debility, or whatever cause is at the foundation of most uterine displacements, nor is it necessary for us to suppose that the broad ligament becomes stretched to allow a descent of the uterus, as the loose, flabby abdominal parietes will easily follow the downward tendency of the pelvic organs; and as congestion of the uterus, with ulceration and other attendant evils, often depends on the unnatural position in which it is placed, the remedy is quite apparent, but requires some considerable effort on the part of the patient to carry out.

There has been much said by mere theorists against the use of abdominal supporters in uterine displacements, and yet they rank amongst the most efficient of all means of relief, particularly when the patient has a large abdomen. In spare women they are often of more injury than benefit by pressing in the abdominal walls so that they follow the bowels in their downward course.

It follows, then, that the true remedy is to strengthen the abdominal muscles by whatever means may be best adapted to the case in hand. The sitz bath has proved very efficient in these cases by the tone which it imparts to the whole system as well as the weakened muscles, but outside of a hospital or Water Cure establishment it is open to the objection that it involves much labor and loss of time, and all patients do not bear the bath well, particularly when the water is cool enough to be of any benefit; nevertheless, this has been a remedy that I have used very largely in my practice for such cases during the last twenty years, and the benefit derived from it has been very decided.

The use of electricity in uterine complaints has grown in favor of late, and justly so, but it is an agent that is seldom safe or practicable for a patient to use alone, nor indeed by the attending physician, except he knows something about Electro-Therapeutics.

The most reasonable and effective of all treatment is appropriate exercise directed to the weakened muscles for the purpose of restoring their strength and vigor; the proper application of which can be learned from any work on Calisthenics. But no means yet devised can compare with the "Health Lift," and its advantages are many: The patients can use it without supervision after a few days' instruction; the time occupied is but a few minutes each day; it can be regulated for the most feeble, and instead of tiring, the patient feels invigorated after its use, and it does not require any special dress to exercise on it. The only objection is the unreasonable price at which the machines are held by the company owning the patent.

If, instead of seventy-five, they were sold for twenty-five dollars,—which is a price they could be made and sold for at a considerable profit,—they would soon be found in the office of every well-informed physician in the land, and in many families. The accompanying medical treatment in these cases

need not be alluded to here further than this, that whatever the uterine, ovarian, or vaginal symptoms may require in the way of medicine, it is useless to expect that weakened muscles can be strengthened by pills or powders, and as an illustration of this I present the following case:

A young lady applied to me who was suffering from complete loss of voice of more than a year's standing, during which time she had been under the care at different times of two of the most prominent homœopathic physicians of New York at that time, and one allopath without having received the slightest relief. The patient had been a school-teacher, and on inquiry I found that the loss of voice came suddenly after a prolonged vocal effort both in talking and singing. Since that time she had been unable to even whisper and was compelled to carry a slate and pencil in order to converse. My diagnosis was weakened muscles of the larynx from over-exertion, and the treatment consisted in strengthening the muscles of the throat by appropriate exercises. No medicines were given, and in less than three weeks she entered my office, threw down her slate, and with a pleased countenance and sparkling eye, said in a moderately firm voice, "Doctor, I can talk." I ordered her to talk no more that day, and for every day thereafter I directed how much she should converse, and in less than two months she was discharged completely cured.

In the case of weakened abdominal muscles the circulation should not be interfered with by tight clothing. The skirts should in all cases be suspended from the shoulders and free play given for development by loose clothing, as it is well known that pressure alone will produce atrophy of muscles. Not only does such exercise as the "Health Lift" affords strengthen specially enfeebled muscles, but the whole system acquires a vigor and strength which nothing but exercise will give.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER.

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PHYSICIAN OR HOMŒOPATH ?

BY R. E. DUDGEON, M. D.*

The leading article in the May number of the *Review* honors me with a notice of my poor essay on "Rational Medicine" in the April number of the *British Journal of Homœopathy*. I have nothing to complain of in respect to the manner in which my article is alluded to, indeed, the courteous editor refers to me in terms that are only too flattering. But he says, "We are at a loss to understand how Dr. Dudgeon can take up such a position," referring to my failure to perceive the consistency of a doctor who practices what I have described as "rational medicine" calling himself a "homœopathist." As I cannot attribute want of intelligence or of good-will to the writer, I must ascribe his inability to understand the position I take up to my own defective explanation.

I propose, therefore, to set before your readers, as clearly as I can, my reasons for objecting to be called a "homœopath" in place of a "physician."

*Monthly Homœopathic Review, June 1, 1878.

And first, I must remark that I do not, as my critic asserts, say that we ought to call ourselves "rational physicians," as that, in spite of the example of Hahnemann in the first edition of the *Organon*, would, I think, be unbecoming, as savoring of arrogance. I only endeavor to show that our practice is rational all round, even in therapeutics or drug-prescribing, whereas I have shown, from the confessions of the leaders of orthodox medicine, that their therapeutics have no claim to be considered rational. And yet we know that our orthodox opponents are in the habit of asserting that they, and they only, practice rational medicine—except in the little matter of therapeutics, where they, by their own acknowledgment, are not rational. Besides being unbecoming, it would be ridiculous to assume the appellation of "rational physician;" just as ridiculous as if a botanist, who had adopted the classification of De Candolle, should assert that he alone was a "rational botanist," and all others irrational. He might justly argue that De Candolle's is the rational system, but he would avoid the absurdity of calling himself a rational botanist *par excellence*.

But all this is apart from the question, "Are we to call ourselves homœopaths or physicians?" This is quite a separate question from that other, "Are we right in naming our journals, societies, hospitals, dispensaries, treatises, and so forth, *homœopathic*?" which we may answer affirmatively and yet refuse to be called "homœopaths" or "homœopathic physicians." The reason why we established our special journals and societies was because the existing journals and societies refused to tolerate any illustrations of the results of the treatment of diseases according to the method of Hahnemann, and we named our journals "homœopathic" because they were originally founded for supplying those proofs of the excellence of this treatment, which were rejected by the existing orthodox journals and societies. Had our misbelieving brethren confined their exclusion to therapeutic subjects, our societies and journals would have been strictly limited to illustrations of homœopathic medicine and practice. But we soon became aware that our employment of medicines on the homœopathic principle was considered by the majority who did not so employ medicines, to render us unworthy to express our views on any other subject in their societies and journals, so when we had other things to talk and write about, we were forced to speak and write them in our special societies and journals. Hence it comes that many of the discussions in our societies, and many of the articles in our journals have nothing to do with homœopathy, but are just as

well adapted to societies and journals which are antagonistic to homœopathy.

So also our hospitals and dispensaries were established mainly for the purpose of showing the excellence of homœopathic treatment, which could not be shown in the ordinary hospitals and dispensaries, on account of the refusal of their governing bodies to allow homœopathy to be practiced there. Another purpose was the charitable one of giving to the sick poor the benefit of the improved therapeutic treatment. But as it was impossible to limit the cases applying to these institutions to those only that were fit subjects for therapeutic treatment, these hospitals and dispensaries are forced to adopt other curative means besides drug treatment. Still the homœopathic treatment is a distinctive peculiarity of these hospitals and dispensaries, and therefore they are not unfitly named "homœopathic."

The name "School of Homœopathy" is quite appropriate for a place where instruction is given in homœopathic materia medica and therapeutics to young practitioners and enquirers, who have gone through the ordinary curriculum of medical studies, but who desire to add to their knowledge an acquaintance with the method of Hahnemann. As this was the object proposed by the founders of previous institutions for teaching homœopathy, they were justified in applying the name, "School of Homœopathy" to their courses of instruction. It is different when the object is to found a school of materia medica and therapeutics, which is to supersede or be a substitute for the courses on these subjects in the ordinary schools, and to qualify students for the examinations of the projected examining boards or of the University of London. The partisan name would disqualify these courses of materia medica and therapeutics, and deter students from attending them. It is a question for the discussion of the thoughtful men who have projected the new school, whether they shall confine its object to instruction in homœopathic materia medica and therapeutics, as something extraneous to the usual curriculum, and thereby confine it to those who have completed their curriculum elsewhere, or whether they shall endeavor to make their lectures a part of the regular curriculum of the student, and a substitute for the corresponding courses of lectures in the existing schools. But this subject has been sufficiently discussed elsewhere, so I need not dwell on it here.

There remains, then, this question: Shall we call ourselves "homœopaths," "homœopathists," or "homœopathic physi-

cians?" We are called so by our differently thinking colleagues, and by many of our patients, but the appellation in these cases is used as a nickname, or to avoid circumlocution, just as we speak of our misbelieving colleagues as "allopaths," a title they would most certainly refuse to adopt, and very properly so. Why then should we, because by means of Hahnemann's discovery we have rendered rational the hitherto irrational therapeutic part of medicine, assume an appellation indicative of the therapeutic principles whereby this has been effected? Would a chemist who had adopted the atomic theory of Dalton call himself an "atomist?" or an optical physicist* who believes in the undulatory theory of light, call himself an "undulalist?" If not, then neither should a physician because he has adopted the latest and best—theory shall we say?—no, it is hardly that—rule for the employment of drugs in disease, call himself by the name of this therapeutic rule. If the chemist and the optical scientist would indignantly reject a name derived from their theoretical views, why should we eagerly assume one derived from the latest and most advanced rule for therapeutic treatment, which may, perhaps—for it is not perfect and infallible, as we all know—be superseded by something better? Medical theories and therapeutic rules are changeable and transitory, but the physicians who adopt or renounce them remain physicians through all the changes of their theories or systems. It seems ludicrous, because we hold what we know to be the best of extant therapeutic creeds, to assert that we have reached finality in therapeutic science, and to barter our glorious name of physician, which we have borne through all the vicissitudes of medical beliefs, for a mere nickname, derived from the latest outcome of medical practice. If it is right to call ourselves homœopaths, it cannot be wrong to announce the fact on our door-plates and calling-cards, and yet no one who respects himself would resort to such a practice, and even the British Homœopathic Society would expel any member who did so, thereby showing that they consider it a sin against medical ethics.

But it was not from the ethical point of view that I objected to the appellation of "homœopath" in the paper that was contained in the May number of this *Review*. I endeavored to show by a specimen of ordinary daily practice that the limitation implied by the sectarian title was an inconsistency on the part of a practitioner, however firmly he believed in the excellence of the homœopathic therapeutic rule.

*Why is there not a word in our language to express an expert in optical science? "Optician," the only word we have, has degenerated into meaning a spectacle maker. Even "chemist" is often understood to mean a mere druggist.

There is yet another reason for discarding the sectarian name, and that is that we are openly twitted by our misbelieving colleagues that we call ourselves homœopaths in order to induce patients to come to us under the idea that they will be treated by some new and superior method, and when we have got them we often treat them just as they would be treated by practitioners who make no profession of homœopathy. I do not think much of this accusation, for I think we are quite justified in giving our patients to understand that we will treat them homœopathically if we believe that to be the best treatment for them. Still there is some force in the objection that by the assumption of the name of homœopath we imply that we will treat patients only by homœopathy, whereas we actually do treat them to the best of our judgment, and in many cases, as I have shown, by remedies that are not homœopathic at all. Therefore it would be well to avoid the assumption of an appellation that is felt to be an offense to the professional feeling of many estimable colleagues, more especially as we cannot altogether justify it from the facts of our actual practice.

Circumstances are completely altered since the time when homœopathy was first introduced into this country. Then the prevalent practice was so entirely different from what it is now, and consequently from the homœopathic, that there was no apparent point of contact betwixt the two. The difference was so striking and so complete that the practice of the new school seemed something altogether apart from medicine as heretofore practised, and none were astonished at the adherents of Hahnemann's method being called "homœopathists," so utterly different did this treatment appear to what had been previously held to be the right medical practice. But in these later years we have witnessed a gradual approximation of the practice of the dominant majority to the homœopathic. The points of contact between them are many, the methods of the new school have been adopted to a very considerable extent by the old. There is every prospect of a speedy and universal recognition of the value of homœopathy and its methods by the leaders of the so-called orthodox school. Why should we throw an obstacle in the way of this desirable result by sharply defining by a name those differences that were formerly so patent, but which are now gradually disappearing in the actual practice of the two schools? It seems to me, and to many of the older practitioners who dry-nursed homœopathy when it was but a bantling of strange and wonder-causing appearance, but which is now acknowledged to possess many of the lineaments and proportions of ideal perfec-

tion, and therefore to be worthy of imitation even by those who originally denounced it as a monstrosity—it seems, I say, strange to us that we should now be asked to accept the nickname we steadily refused to bear in those early years of the utter dissimilarity of our practice to anything known in ordinary medicine.

All other votaries of science would scorn to be called by a name derived from a hypothesis or a technical rule, for hypotheses may be discredited and technical rules may be superseded by others, but science remains. Imagine chemists calling themselves phlogistic chemists or atomic chemists, according as phlogiston or atoms were the prominent subjects of chemical speculation. Fancy geologists calling themselves Plutonists or Neptunists, cataclysts or uniformists, because fire or water, cataclysms or steady uniformity were variously held to be the chief factors of geological phenomena. Why then should we diverge from the usual practice of men of science, and find a pleasure in bedizening ourselves with a name that does not truly designate us, but appears to narrow our science to a sect?

“I have been young and now am old.” I have laboured according to my poor abilities to promote the internal and external development of Hahnemann’s discovery. My working day is now nearly at a close. On a younger generation must devolve the future development of our art. It would be a pity were they, by allowing themselves to be pushed into a sectarian position, to derogate from the endeavor steadily persisted in by the original pioneers of the Hahnemannian reform to maintain its claim to be considered the forefront of therapeutic science.

Let us prove our art to be rational, and steadily assert our claim to be considered representatives of scientific medicine. The time must come, though perhaps not in our lifetime, when our claim will be acknowledged, if not in words, at all events in deeds, by the adoption of Hahnemann’s rule as the best guide in practice—at all events until some better one is discovered.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

We are in receipt of the Sixth Annual Announcement. We notice with gratification how comprehensive the university is with its schools of All Sciences, (for graduates), Theology, Law, Medicine, Oratory, Liberal Arts, Music and Agriculture. Though now it is self-supporting, it has a large fund soon to be available. Its professional schools combined are larger already than those of any other University in this country. The Faculty of the Medical School though large, is thoroughly organized, and entirely harmonious, and each department is made as complete in its teachings as possible. Out of

the 28 members, 15 have been thoroughly educated abroad as well as at home. On pages 7 and 8 we observe how faithfully this school has carried out the wishes of the profession as expressed by the American Institute and other bodies, as well as by our Journals. Further than this they have given, and have made a full eight months annual attendance on lectures requisite for three years and have opened a four years' opticial course.

In all this the faculty deserve a kind and helping word from every journal of our school as well as a helping hand from our physicians. Pioneer work is always hard, but if they are successful they will make it easier for every other college to do the same thing.

A NEW, CHEAP, AND SELF-GENERATING DISINFECTANT.

—(*British Medical Journal*.)—Under this title, Dr. John Day of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison-germs of small-pox, scarlet fever, and other infectious diseases, a disinfectant ingeniously composed of one part of rectified oil of turpentine, and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power which is possessed by each of its ingredients of absorbing atmospheric oxygen, and converting it into peroxide of hydrogen—a highly active oxydising agent, and very similar in its nature to ozone. Articles of clothing, furniture, wall-paper, carpeting, books, newspapers, letters, etc., may be perfectly saturated with it without receiving the slightest injury; and when it has been once freely applied to any rough or porous surface, its action will be persistent for an almost indefinite period. This may, at any time, be readily shown by pouring a few drops of a solution of iodide of potassium over the material which has been disinfected, when the peroxide of hydrogen which is being continually generated within it will quickly liberate the iodine from its combination with the potassium, and give rise to dark brown stains. It may be applied with a brush or a sponge, or, if more convenient, as is the case with certain articles, such as books, newspapers, and letters, it may be simply poured over them until they are well soaked; they may then be allowed to dry, either in a warm room or in the open air.

Personal Notices, Etc.

FRASER.—We are in receipt of another circular from E. J. Fraser, M. D., of San Francisco. We trust that our California physicians will speedily adjust their differences for their own profit and the honor of homœopathy.

GILCHRIST.—The following is an extract from the official proceedings of the recent meeting of the Board of Regents of the University of Michigan : To the Honorable Board of Regents .

GENTLEMEN—It having been represented to me that my continuance in the faculty in the Homœopathic Medical College might lead to fresh complications, I beg leave to resign any claims to a full professorship, and ask you to withdraw my name as a candidate for the chair of surgery

Respectfully, J. G. GILCHRIST.

Upon motion the resignation was accepted, and on motion of Regent Cutcheon the following resolution was adopted unanimously :

Resolved. That in accepting the withdrawal of Dr. J. G. Gilchrist from the lectureship of Homœopathic Surgery, we desire to express our appreciation of his faithful services and gentlemanly conduct, and that we part with him with sincere wishes for his future success.

HOUGHTON.—Our esteemed colleague Henry C. Houghton, M. D., is now recuperating in the delightful coolness of the sea coast in the State of Maine. A review of Burnett on the Ear, from his pen, may be looked for soon.

LILIENTHAL.—While reading some proof, on the morning of the 26th of July, we were greeted by the cheery voice of our worthy co-laborer, Prof. Lilienthal. We were glad to find that he was enjoying the best of health. May his useful life be prolonged for many joyous years.

OHIO MEDICAL AND SURGICAL REPORTER.—The Publisher announces the discontinuance of this journal.

HAHNEMANNIAN MONTHLY.—We are informed that the publication of this journal is likely to be discontinued also.

Should not the profession support their journals more liberally?

UNIVERSITY OF MICHIGAN.—Homœopathic graduates June, 1878 : E. E. Hoit,—F. H. Ohlinger,—J. S. Martin,—Grace Roberts, M. D.,—Joel S. Wheelock.

NECROLOGICAL.

DOWLING.—Rev Dr. Dowling, one of the most esteemed members of the Baptist church, and father of Prof. J. W. Dowling, of New York Homœopathic College, Rev. Geo. T. Dowling, of Cleveland, Ohio, and J. I. Dowling, Esq., of Brooklyn, N. Y., died recently at the ripe age of 71. A faithful follower of his Lord, he has gone to be in his more immediate presence. "*Where I am there shall my servant be.*"

Obstetrical Observations.

ELIAS C. PRICE, M. D., 262 MADISON AVE., BALTIMORE, MD., EDITOR.

OBSTETRICAL ABSTRACT.

A CASE OF EXTRA-UTERINE FETATION.

In a paper published in the *France Medicale* M. Weiss relates a case of extra-uterine foetation, which had a fortunate termination after expulsion of the foetus *per rectum*. The patient was forty years old, and was admitted, on May 31st, 1877, to the Hospital Lariborsiere, under the care of M. Proust. She had had a normal pregnancy at the age of twenty-five, and had enjoyed good health ever since that time. In May 1876 she began to suffer from slight abdominal pain, but general health was not much disturbed, and menstruation continued regular. About the end of 1876 she was attacked without appreciable causes by a metrorrhagia, which continued without cessation until February 1877, but was not severe enough to oblige her to keep her bed. At the end of this metrorrhagia there was a cessation of menstruation for between two and three months until the end of April, when severe abdominal pain came on, accompanied by a sero-sanguineous discharge. She was able, however, to attend to her work, and came on foot to the Hospital.

In the hypogastrium was found a hard, irregular tumour, reaching about three fingers breadths above the pubes, and tender on pressure. It did not occupy exactly the median line, but was inclined to the right, and appeared quite independent of the uterus, which lay in front. Vaginal touch revealed the existence of a retro-uterine tumor, irregular and made up of hard and soft portions, rather tender on pressure. The uterus was pushed forward against the pubes; the cervix was not patulous nor altered in consistence. The limits of the tumor could be reached *per rectum*. There was scarcely any fever, and no rigors or vomiting. The diagnosis made was that of retro-uterine hæmatocele, as being the most probable condition. The idea of extra-uterine foetation was not even suggested.

The patient continued in fair condition until June 10th, when some pus was discharged by the rectum, and the same discharge

continued on successive days, but in small quantity. On June 15th, she had the sensation of some foreign body in the rectum, and a mass was found to be presenting at the anus, which proved to be the leg of a foetus. Slight traction detached it from the rest of the body, which was engaged in the rectum. On that and the following day the rest of the foetus was extracted, with the exception of the head, which could not be discovered. It was putrefied, and extremely foetid; its size appeared to correspond to an age of between four and five months. Immediately after the extraction, an opening into the foetal cyst was felt, large enough to admit the finger, but too far from the anus to allow the cavity to be explored. The abdominal tumor had entirely disappeared, as also had the retro-uterine tumor. Disinfectant injections into the cyst, by means of a tube passed through the fistulous opening, were employed, and the patient rapidly became convalescent.

The author remarks on the difficulty of diagnosis in this case, no definite signs of pregnancy having existed, and especially on the absence of any change in the consistency of the cervix, a sign rarely absent in such cases. He considers that the pregnancy probably commenced in December, 1876, at the time when the metrorrhagia began, and that the foetus died at the commencement of May, when the severe abdominal pain came on. The fortunate issue of the case he attributed to the small size of the foetus, which allowed it to be extracted through the rectum without any great difficulty; the general mortality in cases so terminating being, according to Perry's statistics, as high as thirty-five per cent. as against twenty-five per cent. in those in which evacuation takes place through the abdominal wall.—*Obs. Journ. of Great Britain and Ireland.* E. C. P.

FOOD AS A REMEDY FOR AGALACTIA.

From the American Supplement to the Obstetrical Journal of Great Britain and Ireland, and copied from the American Journ. of Obstetrics April 1878,—By E. Cutter, M. D., Boston, Mass.

The late Prof. Chas. E. Buckingham once asserted his ignorance of any adequate cause of the too prevalent deficient action of the human mammary gland. The term agalactia really means an absence

of milk, a condition of entire abolition of the function of the gland. In this paper we would have the term embrace also the cases where the lacteal secretion in nursing women is scanty, and insufficient for the infant. It is a subject worthy the attention of any philanthropist, as nothing excites one's commiseration more than this deprivation inflicted upon helpless, innocent babes. It seems like a robbery of their rightful, natural food. The writer, then, would offer no apology for calling attention to *one* means which he thinks may be capable of ameliorating this condition in a certain measure.

In the prosecution of bovine vaccination it was noticed that dairy-men increased the quantity and quality of their cow's lacteal secretion by feeding their stock on bran, shorts, and meal, chiefly maize. These proceedings are largely and successfully practiced. In other words, it has proved good practice in the management of dairies to supply the epithelial cells of the mammary gland that absorb materials from the blood of the cow, and elaborate them into a secretion that we call milk, with the food elements that are found in the tegumentary or cortical portion of the grains of wheat. The result is an increased production, and of course an increased income to the dairy-men.

The writer asked himself the question, whether *women* might not do better by their offspring by feeding upon similar food. True, the bovine is graminivorous, but man is omnivorous, so that the distinction might not stand in the way.

Moreover, it was also queried whether, as cows did so well by feeding on the portions of the wheat which were rejected in making flour, nursing women might not do as well if they should subsist on cereal food that had not been subjected to an abstraction of seventy-five per cent. of its mineral ingredients.

If the rejected human food, added to the ordinary diet of dairies, has increased the products, would the retention of the rejected portions have a similar effect upon the supply of food for nursing infants?

The following cases are offered as a partial reply of a practical nature to this query :

CASE I.—A mother of eight children experienced a want of sufficient secretion of milk with her last three or four children. Her age was 40 years, and her parentage American.

During her pregnancy with, and after the birth of her *ninth* child her diet was varied from its usual character by excluding flour and including the use of wheat and maize unbolted, but ground coarse or fine as the case might be. She partook of animal food freely, and ordinary vegetables. She had a plentiful supply of milk that continued for twenty-one months, a longer period than for any of her preceding eight children.

The author gives four other cases in all of which the treatment proved equally successful.

“There are five grains, namely, wheat, rye, barley, oat, and maize, each and all sufficient for the purpose of supplying an aliment that contains elements enough to sustain life in health, and enough, in the writer’s opinion, to make milk.

It is the excess of starch in flour, and the abstraction of three quarters of its mineral elements (in the bran. Ed.), that in the writer’s judgment causes the agalactia generally observed.

This list is not deemed sufficient to decide the question, to do so requires a large range of experimentation. Still, the writer thinks it is sufficient to justify his calling the attention of the profession in this direction, and therefore prepared this merely suggestive paper.

To make out a complete chain of observation requires many links. The writer has supplied a few. Will the reader contribute others?”

I think this is decidedly more sensible than to rely entirely on medicines.

E. P. C.

HOW WOMEN SHOULD LIVE DURING GESTATION.

BY P. B. HOYT, M.D., PARIS, ILL.*

When we look over this beautiful earth and witness the suffering that attends the process of child-bearing, we are led to ask ourselves, cannot much, if not all, of this suffering be avoided? There exists so much fear in the minds of our women, the result of tedious and dangerous labor, that they instinctively dread the noble office of child-bearing, and consequently seek means to prevent conception, or if conception

*Read before Indiana Institute of Homœopathy 1878.

does take place, resort to the criminal procedure of procuring abortions. We say criminal, because, besides destroying a being who has just begun to live, they entail upon themselves an almost endless variety of weaknesses and disease, the legitimate consequences of the violation of the law by which the race is perpetuated. The violation of God's physical laws inevitably brings the penalties attached to those laws, both in their moral and physical relations, and no woman can produce an abortion upon herself, or have one procured, without feeling that she has sinned, against herself, against the community, but most of all against God, who has said "Thou shalt not kill." It is a violation of one of the imperative laws of our being, and its influence on society lowers the standard of right doing, destroying to a certain extent the moral sensitiveness of her who does it, or suffers it to be done, and exerts an influence on society, the baneful consequences of which can only be measured by its eternal duration. Moreover, the deleterious influence on the physical organization of our posterity either by the destruction or prevention of foetal life, will manifest itself in a broken down constitution, a want of mental development and mental force. If the female tampers with those noble functions with which nature, or nature's God has endowed her, weakens her constitution, and weakens the generative functions, how can we expect a healthy offspring? Nay, more, if the male weakens his generative functions by *excesses*, especially excess in venery, for it is often the unholy gratification of these passions that lead to the procuring of an abortion on the part of the female, (by and with the consent of the male) how can we expect strong and healthy children? But if the evil consequences reached no further than the sinners themselves we might perhaps find a ray of excuse; but no, it does not stop there, but reaches on and on, to generation after generation, till the sinner and his posterity is lost in the sea of oblivion. Old philosophers understood this when it was said: "Visiting

the iniquity of the fathers upon the children unto the third and fourth generation." While the blessings of obedience extend to thousands of generations.

As before hinted at, the prevention of conception and the destruction of the foetus after conception, strikes directly at the very foundation of good society, destroying or blunting those great moral principles which govern every well regulated household, and which are intimately connected with the perpetuity of the race, hence these hideous and soul and body destroying practices cannot be too strongly deprecated.

But you will ask: What has this to do with the question "How should women live during gestation"? Much every way. For it is as needful to the fulfilment of the function of gestation, in its perfection, that there be a healthy constitution and a compliance with the laws of life, in the general relations to life and society, as it is for the function to exist at all. Without the function there could be no children, and without a compliance with the laws of gestation, a sickly, puny race will result. If men took one half the pains to produce healthy children they do to improve a stock of horses or cattle, our race would be an ornament to our world, both morally and physically, not to mention those higher and more noble relations, which we hold to the Father of all life.

But we are forced to take things as we find them, and to bring harmony out of confusion in many cases, and it is just here that the physician can impart such instruction as will tend to improve the race, and bring health and comfort of his patients. It is the elevation of our race, *physically and mentally*, for which we are seeking, and certainly as it is necessary to have a sound body in order to develop a sound mind, it is easy to see how the violation of the physical laws will bring degeneracy in both body and mind. "The knowledge *how* to act and the *will* to act," must control us in every relation in life. All cannot be accomplished in one generation. "The upward march

will be slow, involving much time, and a steady training, with untiring vigilances."

HOW TO LIVE.*

Experience has shown that the character of the food has much to do in developing the foetus, and the severity of the labor as well as the health and comfort of the woman during the months of gestation.

In the July number of the *Annalist* we find an article by Emlen Lewis, M.D., in which he refers to the fact "that a selected diet for the pregnant woman, consisting of such articles of food as contain the least bone-forming material, will retard the ossifying process in the foetus, and thus will the foetal bones remain largely cartilaginous; the head will mould easily to conform to the size and shape of the straits." Under such circumstances it is easy to see that the labor must be much easier than if the bones were perfectly ossified. The Doctor also cites several cases verifying this conclusion, one case is worthy of special notice, in which after the sixth month the woman began by eating an apple and an orange the first thing in the morning, and again at night; this was continued for four days, when, before breakfast, she also took the juice of a lemon mixed with sugar, and at breakfast she ate roasted apples, taking but little of her usual food. She subsisted mostly on apples, oranges, figs, potatoes, greens, flesh of *young* animals, birds, fish, rice, tapioca, sugar and molasses. The acids were used for the purpose of dissolving the bony tissue deposited in the first months of her pregnancy. Her labor was easy, and of short duration, her previous labors having been extremely tedious and painful. At birth the bones of the child were still cartilaginous, but he grew to be graceful, athletic, and strong.

Wheat contains the most earthy matter; corn, beans, rye, oats and barley less. Potatoes and peas about half as much, fowls and young animals one-tenth. The small fruits contain

*Our March number, pp. 130-134, contained instruction similar to that of Dr. Hoyt, but the subject is of sufficient importance to warrant a repetition.—ED.

three hundred times less ossifying matter than bread. Coffee, tea and cocoa are objectionable on account of their effects on the nervous system. The best drink is rain water, melted snow, melted ice, or distilled water; well water contains too much lime and other earthy matter. Neither boiling or filtering well water makes it much better.

Not many years ago a most striking illustration occurred in my own practice. Having the management of the case from the third week of pregnancy, I directed her to avoid all *exciting influences*, and to cultivate *amiability of temper*, to be moderate in her diet, using as much fruit as she chose, the more the better, such as apples, oranges, figs and the like, to use but little meat, to take out-door exercise in good weather, to cultivate her musical talent, (which was excellent) and to read interesting and pleasurable books.

On the part of the husband everything should be done to make her not only comfortable, but happy, in short, everything on the part of all concerned, should tend to make the period pleasant and happy. The result was all that could be expected. An easy and quick delivery, a speedy convalescence, and one of the sweetest little girls it has ever been my lot to know. And what is marked in this case, is that the lady was of a scrofulous family, her sisters always suffering untold miseries during gestation, and childbed, often coming near to death, followed by a long and tedious recovery, all of which, (I doubt not) would have followed in this case, had she been left to ignorant management during the months of gestation.

Gentlemen, I must close this already too lengthy paper. But let me say hundreds of cases can be adduced to show that if our women live right during gestation, a very large proportion of the pain and danger of child-bearing will be done away. We as physicians have a much higher and nobler calling than the mere healing of the sick, even higher than the preventing of disease—it is the improvement of the human race, and when we consider that not only the education of the mother, but that also of the fœtus, begins with the first moments of pregnancy, this subject swells to enormous proportions, and he it is that deserves most honor, who best studies and understands it. Let me ask you to study it well.

Climatology.

PROF. H. P. GATCHELL, M. D., ANN ARBOR, MICH., EDITOR.

Ann Arbor Sanitarium, Ann Arbor, Mich.

EDITOR OF THE OBSERVER:—You may remember that I began, some ten or twelve years ago, calling attention, through the columns of the OBSERVER, to the climate and sanitary features of Western North Carolina. No other part of the south is so well adapted to northern emigrants as is this region. Its salubrity, its climate, and the kind of agriculture which the climate and face of the country require, render it especially desirable.

No other person has made so intimate an acquaintance with this region as has the distinguished geographer Guyot. He spent the summers of several years in traversing its valleys, crossing its ridges, and ascending and measuring its mountains. In 1862, the second year of the war, he made for the use of the war department, a minute report, which has never appeared in print, of the entire region. Through the kindness of Prof. Frank H. Bradley, ex-professor of Geology, in Knoxville University, I have obtained a copy.

I do not know that the columns of the department of Climatology and Hygiene can be used to any better advantage than in making known where thousands of families destined in the north to perish of consumption, can acquire health and preserve life. I will therefore, if you approve, give a description of the country with its general climatic and sanitary relations; availing myself, for that purpose, of Prof. Guyot's valuable report. And if acceptable, I will follow up with a description of the southeastern slope of the Blue Ridge in Georgia and South Carolina, a region presenting some advantages found nowhere else in the United States.

THE APPALACHIAN SYSTEM.

This system which extends in a northeast direction from the Gulf States to New England, consists in the latitude of North Carolina, of the Cumberland plateau on the west, of the Blue Ridge on the east, and of the Alleghanies between North Carolina and Tennessee.

WESTERN NORTH CAROLINA.

Western North Carolina is included between the Blue Ridge and the Alleghanies. It is everywhere intersected by transverse ridges of great elevation, (many of their peaks being over six thousand feet high) nearly at right angles with the bounding chains, consequently having a northwest direction. Between and parallel to these transverse ridges are the principal valleys, named from the rivers that drain them. These rivers rising on the northwestern slope of the Blue Ridge, cut through the loftier Alleghanies and find their way to the Gulf of Mexico. The valleys have a general elevation of from 2,000 to 2,800 feet. The Hiawassee alone being less than 2,000 feet high.

Out of these valleys open other lateral ones, bounded by spurs of the great transverse chains and drained by tributaries of the rivers of the main valleys.

This high land, with its complex mountain system, rests on a base in East Tennessee, North Carolina, South Carolina and Georgia, about 1,200 feet above tide-water; the Governor's house on Peach-tree street, Atlanta, having an altitude of 1,100 feet. This base in North and South Carolina and Georgia, is termed the Piedmont country.

Western North Carolina is about 170 miles long and about 40 broad, and contains between 6,000 and 7,000 square miles. But north of the valley of the French Broad, the country presents few attractions to immigrants; its higher latitude and great altitude rendering the climate somewhat rigorous, and its broken surface with its small proportion of available land, rendering it unattractive to the agriculturist.

THE SOUTHERN PLATEAU.

I shall therefore confine myself to the French Broad and the country south of it, a tract of nearly 5,000 square miles, and which for convenience of reference, I will term the Southern Plateau of Western North Carolina.

The French Broad is, except the Hiawassee, the largest and most open valley of this region. It extends from the sources of the river, not far from the Georgia line, in a nearly north course about 40 miles to Asheville and thence in a north-west direction 30 miles to the point where it cuts through the mountains into East Tennessee. The upper or southern portion of the valley has a general elevation of about 2,000 feet, with a considerable quantity of level and fertile land. From Asheville to the State line it flows between high and rocky banks, with a fall of about 700 feet.

The Big Pigeon Valley which lies to the southwest of the French Broad is remarkable for its great elevation and for the height of the mountain-chains that bound it; having on the south, an unbroken wall 6,000 feet high. This secluded valley has an elevation of from 2,600 to 2,700 feet. And though it is much broken by lateral spurs and streams, the central portion has beautiful, extensive and fertile plains. The soil of the hills is as fertile as that of the plains. This valley is famous for its thousands of cattle, which fattening on the rich grazing ground in the forests and on the mountains, are eagerly bought up by cattle-traders for the northern markets.

TUCKASEEGE.

The Valley of the Tuckaseege, the next in order, to the southwest, contains with its tributaries, about as many square miles as does the valley of the Little Tennessee, of which the Tuckaseege is itself a tributary. It is, except one of its lateral valleys inhabited by civilized Cherokees, a wild, broken country, presenting no attractions to induce immigration.

The Valley of the Little Tennessee extending from Rabun Gap on the Georgia line, to East Tennessee, contains with its lateral valleys, about 1,800 square miles. The southern portion extends, with an elevation of about 2,000 feet, north from Rabun Gap (through which the Blue Ridge Railroad will pass) 23 miles ; and thence in a northwest direction to the East Tennessee line. The current of the river in the lower portion of the valley is very rapid, it having a greater fall than the French Broad below Asheville. The upper part of the valley contains much level and fertile land, well adapted to grass or the plough.

The Hiawassee basin, in the extreme southwest of this Southern Plateau, contains about 1400 square miles, at a general elevation of 1,500 to 1,600 feet. It has numerous villages and a large proportion of fertile land.

CLIMATE OF THE SOUTHERN PLATEAU.

In the language of Guyot: "The climate of this elevated region is truly delightful. In the summer the temperature scarcely ever rises above 80°. The nights are generally cool, and the mildness of that healthy and bracing air is both invigorating and exceedingly pleasant. The seasons are well marked, and otherwise similar to those of the regions much farther north, but of a much milder type. Snow begins to fall sometimes in November, but not often before the end of the year. Even in mid-winter it remains but a short time on the ground, and the summits of the high mountains are never covered throughout the winter with a lasting cap of snow."

* * * The extreme temperatures of winter are usually moderate, though the cold northwesterly wind often brings across the mountains a temporary frost of some intensity.

The leaves on the trees begin to fall in November, and reappear in March and April. Peaches blossom at the end of March ; apples about the first of April. Indian corn is sown from the middle of April to the middle of May, wheat harvest

is in the first week of July, hay-crop in the end of August (?). Cattle graze in the forest until December, and in many places, furnished with the so-called "winter grass," throughout the winter."

A remarkable rainy season usually extends through July and August. While the nights and early part of the day are cloudless and beautiful, about noon thick clouds may suddenly mount to the zenith or gather about the highest peaks, and a copious rain fall for an hour or two; the sky afterwards becoming clear and cloudless again. Another and less pleasant feature is the prevalence of fogs in the river-valleys during the summer and early autumn. They settle dense and damp, during the night, and are only dispersed when the increasing heat of the morning-sun becomes intense enough to dissolve them.

Both showers and cloud-mists on the mountains and fogs in the valleys contribute to render the Plateau the best grass region in the south, and one of the best in the whole country.

SOIL AND VEGETATION.

These conditions of climate coupled with a rich, deep mountain soil, the result of a rapid disintegration of the surface rocks, is highly favorable to the production of grass and of a powerful arboreous growth. The forests are truly magnificent, especially near the foot of the hills. Trunks of 8, 11, and even 12 feet in diameter are no very great rarity. But huge trees are not confined to the lower surface; for in other regions besides the valley of the Big Pigeon, far up the hill-sides, the soil is as rich as, and even richer than, on the level land.

Oaks, chestnuts, tulip-trees, wild cherry trees (over 60 feet high with beautiful strait stems), hickories, pines and magnolias, compose the bulk of these immense forests and clothe with foliage of perfect beauty, the mountain slopes to the height of 5,000 or 6,000 feet. Beyond this line the dark balsam-fir, with its allied species the Fraser-pine, covers with black caps the

loftier summits. A few mountain-tops known as Balds, are destitute of trees, but they are verdant with an abundant growth of grass. Many of these high prairies are the summer-pastures of herds of cattle and horses. One on the Roan Mountain is a mile in extent, and it is covered with grass a foot high, interspersed with bright colored flowers and strawberries. Along peaceful streams, in damp, rugged ravines, and sometimes on the very top of mountains, rhododendrons, azaleas, kalmias and other evergreens constitute a second forest growth under the larger trees, forming with their tough and intertwined stems, almost impenetrable thickets. During their flowering period they lend to the forests an indescribable charm.

MINERAL WEALTH.

The official report for 1867, on the mineral resources of the United States, says that from the French Broad to Lookout Mountain, a tract of about 5,000 square miles, "there is a field presented to the mineralogist not perhaps equalled for extent and richness in the United States." It contains gold, silver, copper, graphites, zinc, lead, iron, mica, asbestos, marble and porcelain-clay.

AGRICULTURAL AND MANUFACTURING CAPACITY.

While the lower land will furnish abundant crops of corn, wheat and other small grains, hay, potatoes and the esculent roots, the hill-sides are admirably adapted to fruit culture and grazing, to growing wool, to fattening beef and to making cheese and butter. In the low country which is steadily growing in thrift and in wealth, a near and ample market will always be found for such products. Col. Sloan, of Norcross, Georgia, (whose name I cannot mention without adding that he is one of the noblest-hearted men that I met in the south) told me that his father, now deceased, (who once owned an immense estate among the mountains,) used to buy cattle in the low

country in the fall, for a trifle, turn them out to graze on the mountain-grasses during the winter, (feeding some corn,) fatten them on the rich, nutritious grasses during the summer and sell them for beef in the fall, at twice or three times their original cost.

THERMAL BELTS.

An interesting and important feature of climate common to this and to other mountain countries, is the occurrence of thermal belts on the mountain-sides, which never suffer from frosts, though they do from a hard freeze. The higher the plain or valley from which the mountain springs, the narrower the belt and the nearer to the general surface. By those who have had their fruit blossoms killed by late spring-frosts, these zones of warmth will be appreciated.

Not only can fine-wooled sheep be raised in the mountains (and free from the foot-rot so destructive on level land) but the Angora goat with its high-priced fleece, will thrive here as well as in its native country.

I am told that the fleece of the Cashmere goat is worth as much as five dollars a pound. Now I know but little about the Cashmere goat, but I chance to know that a part of Western North Carolina, which I will hereafter describe, has a climate almost the counterpart of the valley of Cashmere and that it grows grasses as sweet.

Nor can the manufacturing capacity of this country well be overrated. With its invigorating climate, enabling one to labor as energetically as in the north, with its wealth and diversity of woods and minerals, and with numerous cataracts leaping from every hill-side, its facilities are unsurpassed. From their extreme sources in the mountains, at heights ranging from 4,000 to 6,000 feet, they come tumbling, foaming and flashing to find their way to the Piedmont country at an altitude of 1,200 feet, furnishing on their way incalculable water-power. A great manufacturing future awaits this region.

I saw wooden ware and all kinds of manufactures of wood from St. Louis, sold at a profit in South Carolina, within 30 miles of the Southern Plateau.

HEALTHFULNESS.

The Southern Plateau is, as might readily be inferred from its latitude, its climatic features and from the face of the country, a remarkably salubrious region, subject to no epidemics and to but few endemic diseases. Some cases of malarious disease occur, (mainly of a mild type,) and consumption finds some victims even here. But both consumption and intermittents are confined almost entirely to flat, damp lands in river-valleys, that are subject also to fogs. As nearly as I can judge, the ratio of consumption is pretty accurately measured by the prevalence of fogs. Cases occur in the Hiawassee, the Little Tennessee and the French Broad, perhaps in the order of the names, the Hiawassee having the greatest ratio. The high valley of the Big Pigeon is almost entirely exempt from fogs and consumption. But notwithstanding that consumption does occur to some extent in these valleys, people from the far north generally improve in them, more however at other seasons of the year than in the summer. Not unfrequently after having experienced great improvement during the colder part of the year, they begin with the arrival of summer, suddenly to fail. Their only resource then is to hurry away as fast as possible. I suspect that consumptives from the low country of the south are less likely to fail in the warmer part of the year than are northerners.

I presume there would be no occasion for leaving the high, cool valley of the Big Pigeon, with its comparatively dry and highly invigorating atmosphere. In no other of the river-valleys would the immigrant from the north, be assured of the same degree of vigor in summer and winter.

H. P. GATCHELL.

P. S.—The French Broad Valley includes Henderson, Buncombe and Madison counties, the Big Pigeon, Haywood, the Tuckasee, Jackson, the Little Tennessee, Macon, and the Hiawassee, and Cherokee. Some of these counties have been subdivided.

Surgical Observations.

BUSHROD W. JAMES, A. M., M. D., 18TH AND GREEN STS., PHILADELPHIA, EDITOR.

EYE DRAINAGE.

Dr. Cohn has recently written some observations on the above subject which will be of interest to those of our readers who are interested in ophthalmology. They are contained in the following article on "Drainage of the Eye in Cases of Detached Retina." The "*Deutsche Leitschrift f. prakt. Med.*" of August 18th, publishes an abstract of a paper read by Dr. Hermann Cohn on this subject, before the Silesische Gesellschaft für Vaterländische Cultur.

He remarked that detachment of the retina, especially in cases of high myopia, has hitherto been regarded as one of the most incurable diseases of the eye. Amongst twenty thousand cases of ophthalmic disease that had fallen under his notice in the course of ten years, there had been one hundred and ninety-one, or about one per cent., of cases of separation of the retina. Sichel, Kittel, and Arlt endeavored to effect a cure in such cases by the introduction of a needle through the sclerotic. Graefe not only punctured the sclerotic, but divided the retina, with the object of allowing a communication to be established between the fluid subjacent to the retina and the vitreous. This proceeding, though occasionally brilliantly successful, was, however, found to be not unattended with danger of cyclitis and inflammation of the vitreous, and it fell into discredit. Cohnheim, Lasinsky, and Samelson have observed cases where a cure resulted from the employment of internal means, by pressure, and by confinement in a dark chamber. Such a result, however, is exceptional.

About six months ago Wecker suggested the trial of drainage of the eye by means of the introduction of a loop of gold thread through the sclerotic and under the detached retina. He applied this method in twenty-six cases, but has not published them. Cohnheim has tried it only in four cases, the myopia varying from ten to twelve dioptries, and has in all instances obtained excellent results. The gold wire should be very fine. In the course of these experiments, Cohnheim has satisfied himself that the human eye can carry for months a gold wire, of one-third of an inch in length, without the slightest reaction being excited or inconvenience felt. Detachment of the retina may by this means be immediately prevented from continuing, even after it has been of three years' duration. The retina, as soon as it has become reappplied, becomes again immediately capable of perception, even after the lapse of three years, so that the field of vision recovers its normal extent.

He goes on to say that only the sense of space returns, but not the perception of color. Blue-blind and green-blind eyes at the time of detachment remain

blue-blind and green-blind. After some time a separation is discernible, but it is flatter, more rugose, and no longer vesicular; and this, by slight movements of the gold drain, can again be diminished.

Cohnheim, finally, thinks the proceeding of drainage of the eye especially adapted for cases of sub-retinal cysticerci. In no instance was any inflammation of the eye or impairment of the pre-existing amount of vision observed. It has also the advantage that it does not interfere with general methods of treatment.
—*Half-Yearly Compendium.*

THE BEST LIGATURE.

Catgut has now been so well tested in surgical practice as to be pronounced the best for all internal ligatures, and in a majority of cases where the ligatures are more superficial. We have made an extract on this subject from a paper on "Cases Illustrating the Behavior of the Carbolyzed Catgut Ligature upon Human Arteries," in which this ligature is fully approved. Mr. Bryant read a paper on this subject before the Clinical Society of London, October 24th, 1877.

He said that the carbolyzed catgut, as made by the Apothecaries' Company, Virginia street, Glasgow, had now been so freely employed since its introduction in 1869, by Professor Lister, that the time had come when an estimate of its value might be arrived at. He, therefore, introduced the following cases, supplied from his own practice, together with four preparations and drawings, in order to assist in solving the question.

The first preparation was from a man in Guy's Hospital, who had ruptured aneurism of the right common femoral artery, with ulcerative endocarditis. A catgut ligature was applied to the external iliac artery, but the man died of the heart affection fourteen hours subsequently. The inner and middle coats of the artery were then found completely divided by the ligature, and the external coat also divided in parts. Some clot existed above and below the ligature, and the catgut was intact. Preparation No. 2 was from a right common carotid artery, to which a ligature had been applied twelve days before death, for supposed aortic and innominate aneurism, with the effect of relieving pain and other urgent symptoms. In this case the artery had been completely severed; there was a clot above and below the point of separation, but it was not firmly adherent. The ligature had disappeared. Preparation No. 3 was that of a right subclavian artery ligatured with catgut thirteen days before death for ruptured traumatic axillary aneurism. The man had died from lung trouble, all the parts about the wound having gone on satisfactorily toward repair. After death no suppuration was found about the wound; the artery and vein were normal, except that the former was ligatured. There was a firm clot in the vessel for half an inch above, and the same distance below the ligature. All the coats below the artery had been divided and afterward repaired. The knot of the ligature alone remained. Preparation No. 4 was from a common femoral artery, ligatured nineteen days before death, for elephant-

iasis arabum of the leg. Death ensued from gangrene of the limb. Very little suppuration occurred at the wound. All the coats of the artery had been divided and repaired, and good clots existed above and below the ligature, the knot of which, with perhaps some of its loop, remained. In all these cases the inner and middle coats of the vessels had been probably divided at the time of the operation, as would be done by any permanent ligature, the external coat afterward, by an ulcerative process, though in the first case this was partially accomplished in fourteen hours. Mr. Bryant stated that he had also ligatured ten other large arteries in their continuity, with catgut, viz., five femoral, four external iliac, and one subclavian. One of these had died on the tenth day; in two there was secondary hemorrhage; and in other cases an uninterrupted recovery, with little or no suppuration, ensued. In one of the femoral cases the wound healed by primary union, without one drop of pus. In no case was the antiseptic spray used. Rest, moderate pressure over the site of operation, and dry lint or water dressing were alone employed. In the single fatal case, death ensued from pyæmia and cardiac disease. The inner and middle coats of the artery were there divided, and the outer coat ulcerated. Only the knot of the ligature remained. In the subclavian case a little hemorrhage took place on the fourth day, but was arrested by pressure, and the wound then healed. In one external iliac case the wound, which had almost healed, bled on the twenty-ninth day, but pressure arrested the hemorrhage, and all did well. These further cases led one also to conclude that the ligature first divided the middle and inner coat.

"If, therefore," said Mr. Bryant, "I cannot endorse what the distinguished introducer of the catgut ligature claimed for it in 1869, 'that by applying a ligature of animal tissue antiseptically upon an artery, whether tightly or gently, we virtually surround it with a ring of living tissue, and strengthen the vessel where we obstruct it,' yet I may express my belief, that as the loop of the catgut ligature dissolves within an uncertain period, and there is not, of necessity, any sloughing or ulcerations of the whole coats of the constricted artery, as must ensue where a more permanent material is employed, we have in the carbolized catgut the best ligature at our disposal."—*Half-Yearly Compendium*.

KNEE-JOINT DRAINAGE.

In many cases of disease of the knee-joint it was formerly the practice of surgeons to amputate or to resect the joint. Recently, however, a different mode of treatment is coming into vogue, and the dread of opening such an important joint is fast fading away under the experience of surgeons in the use of drainage. In the *Compendium* an article under the title of "The Indications for Drainage of the Knee-Joint" appeared, which is to the point:

Dr. J. Scriba, Assistant in the Surgical Clinic at Frieberg, Baden, recommends drainage of the knee-joint, instead of excision, in the following cases :

1. In acute serous inflammation, in the rare event of there being abnormal pain of sufficient severity to affect the patient's general health.
2. In acute purulent inflammation of the joint, as soon as there is distinct fluctuation ; in the rare cases of osteo-myelitis involving one or both epiphyses ; in the purulent inflammation which may complicate pyæmia, pneumonia, acute infectious diseases, and phlegmonous erysipelas of the lower extremities.
3. In chronic serous inflammation of the joint.
4. In fungous inflammation—(a) where the fluid secretion in the joint exceeds the fungous granulation in amount, and where the cartilage is still intact ; (b) where there is excess of fungous granulation, but where caries is still absent. The presence of caries is a contra-indication for drainage and an indication for excision.

Scriba lays down the following maxim in opposition to those British surgeons who counsel very early excision : " The earlier a chronic fungous inflammation of the joint comes under treatment the better hope is there of giving the patient a useful, movable knee-joint by means of drainage." It should be stated that Scriba only speaks of drainage applied to a joint which is opened at the moment the tube is inserted, and not to one in which there is a previous wound, either surgical or accidental, of some standing. The operation, as performed by Scriba, is briefly as follows : An incision, two to three centimetres long, is made on either side of the patella down to the joint, and a thick drainage tube inserted. If the bursa under the extensor muscles communicates with the joint, as is the rule, no further incision is needed, In the rare case in which it is isolated, an incision is made down through the quadriceps femoris, and a short tube inserted. The operation must be carried out with the strictest antiseptic precautions. Before the drainage tube is introduced the joint is swabbed with a soft sponge, in acute cases using a five per cent. solution of carbolic acid ; in chronic cases, or where there is fetidity, a twelve per cent. solution of zinc chloride. The tube is then put in, and the joint washed out through it with carbolic acid, (two and-a-half to five per cent.), until the solution returns quite clear. During the injection the joint must be gently kneaded with the hand. In acute inflammation the tube must be removed as soon as possible. The greater part may be taken out after the third or fourth dressing if the wound is perfectly sweet, and the remainder on the tenth to fourteenth day. If the secretion does not diminish, the joint must be washed out again with carbolic acid, and the drainage somewhat prolonged ; but the whole tube must never be left in after the tenth to twelfth day, for fear of irritating the cartilage on which it lies. In chronic cases, or where fungosity is present, the tube must be allowed to lie across the cavity of the joint for twenty to thirty days, in order to stimulate the living membrane.

GENU-VALGUM OR KNOCK-KNEE.

The various deformities to which the human framework is subject, have of late years been taken in hand vigorously by surgeons who are making specialities of the different classes into which they have been grouped; such, for instance, as spinal deformities, deformities of the feet, and those affecting the hip-joint, as well as those of the knee-joint. We now have in different parts of the country, hospitals devoted exclusively to the treatment of those unfortunate invalids who are deformed. An article recently appeared on "The Treatment of Genu-Valgum," by F. R. Fisher, F. R. C. S., in which he concludes, after an extensive experience, that this deformity may be most effectually relieved by the manipulation of the limbs, and the use of proper instruments, without any operation. He states that "Genu-valgum arises always from ligamentous weakness," and that the ligaments of the knee-joint, being thus affected, are unequal to the task of sustaining nearly the entire weight of the body; they give way, and the inner side of the joint being the least protected, knock-knee naturally results. The principle of Mr. Fisher's treatment is to overcome the contraction of the external ligaments, and to strengthen the weaker internal ones. The method of accomplishing this is thus described: "The femur, being held firmly round the inner condyle with one hand, and so fixed, the leg is grasped with the other hand above the ankle on the outer side, and then gently and firmly pressed in a direction inward." This should be repeated morning and evening, the limb being placed in a retaining-splint so as to maintain the advantage gained by the manipulation. Doucing with cold water and friction facilitate the improvement. In slight cases the instrument used consists of an ordinary straight splint, bandaged on the outside of the limb. The "trough splint" is used in aggravated cases, only, however, as a retaining power. Mr. Fisher thus describes it: "It consists of thigh and leg peices, of a trough shape, in which the limb is firmly held by webbing straps." These pieces are connected at the knee by a ratchet joint having a lateral action. There is also a good broad knee-cup. After the limbs are straightened, supports should be worn for some time to prevent relapse.

HIP-JOINT DISEASE.

The difficulty of making a correct diagnosis in the incipient stage of hip-disease is well known to all practitioners. Any information that will aid in this task certainly will be of great advantage to all concerned, both practitioner and patient especially. The *Compendium* furnishes this article on the general diagnosis in point:

"The Diagnosis of Hip-Disease in Children." The following very excellent directions are given in a lecture by Mr. Howard Marsh, Surgeon to the Hospital for Sick Children, London, in the *British Medical Journal*, July 14th, 1877. *Diagnosis*: In examining a child suspected to have hip disease, be careful to

place him on something firm and flat; a table covered with a blanket, a leather couch, or the floor. If you use a soft bed, he will sink into it, and you will, perhaps, overlook even a considerable deformity. Do not be content with anything short of a thorough examination. Do not pretend to say whether a child whom you have examined with his trousers on, has, or has not, hip disease. Let him be undressed, so that you can move his limbs without being hindered by his clothes. Girls, past early childhood, may be fully examined if you use a shawl, or a loose sheet to cover them.

1. You must look for abnormal posture of the limb or of the pelvis.
2. For stiffness at the joint.
3. Observe whether the glutei or the muscles of the thigh are wasted, and whether any, especially the adductors, are rigid.
4. Or whether there is any swelling about the joint, or in the thigh, or the iliac fossa.
5. Notice the relation of the trochanter to the side of the pelvis as compared with that of the opposite side.
6. Look to the length of the limb as compared with that of its fellow.
7. See how the patient walks, if he be able to do so.
8. If he has pain, learn its situation and character.

CHARCOAL AS A PREVENTIVE OF SEPTICÆMIA AND PYÆMIA IN MILITARY PRACTICE.

It is well known that the conveniences of civil hospitals and the antiseptic treatment such as Lister has introduced, is not always obtainable for army hospitals while the troops are on the move, and immediately after a battle, especially if the fight occur after a forced march; hence on this subject we make an extract from an article entitled "Antiseptic Treatment of Amputation Wounds in Military Hospitals," in the *Half-Yearly Compendium*:

Dr. S. Sherwell, of Brooklyn, writes to the *Lancet* August 18th, 1877: "I had the honor of serving in the Anglo-American ambulance in the war of 1870-71, and saw, in our own and other field hospitals, much of the unhappy consequences at Sedan and Orleans, particularly the latter. No one, I think, but a doctor who has been personally cognizant of the frightful ravages made by pyæmia and septicæmia in military hospitals, can form an idea of the grief, rage, and hopelessness one feels when, on revisiting one of his wards or locales, he sees or hears of one of his amputated patients, who has apparently been doing well up to the sixth day, let us say, and who since his last visit has had the inevitably fatal chill and colliquative perspiration, almost as indicative of his near death by blood poisoning as if he then lay dead; that doctor, and that one only, knows the strain implied in bidding the poor fellow keep up heart, etc., knowing as he does, that without almost a miracle, his doom is certain. I beg, then, suspension of judgment by

surgeons on what I am about to offer as a possible preventive, and that it shall not be considered too crude or unsurgical a proceeding.

"Among all the continental peoples charcoal is largely used, and everywhere available, or easily made. I would suggest then, rude as it may seem, an instant envelopment of the wound, whose edges, etc., have been secured after amputation, especially of the lower extremity, in a sac or bag, (a slit pillow-slip would answer), of charcoal, finely powdered, without any other dressing whatever, and a large excess of the same substance around it, this not to be removed under any circumstances, (except hemorrhages, etc.), for some days at a time, and then only by a jet of water from some clean source, and the same dressing immediately reapplied, until the wound is so far advanced toward cure that convalescence is certain, or some contra-indication arises.

"This proceeding would not have the extremely neat surgical look of a good dressing, scientifically applied, but I am convinced that in hospitals of this kind it would be infinitely superior in results to the orthodox dressings by the infected hands and armamenta of the ignorant or dirty army nurse or aid.

"The charcoal may, and perhaps should, be slightly dampened on the outer surface with some antiseptic fluid, according to the predilections of the attending surgeon; it would at least lessen dust. I am convinced that by this method 'pyæmic horror' might be at least moderated.

"The proceeding is so exceedingly simple that I have hesitated to put it on paper, and have waited to see some one else start the idea. I can, however, find or see no analogous advice; that most resembling it, the 'earth dressing,' seems to be pretty much the same in principle, but this is superior in disinfectant quality, and infinitely easier and better in theory and practice.

"In regard to the mortality in field hospitals, etc., I have often, after observing operations and results under the most celebrated surgeons on both sides during the Franco-German war, doubted if, after all, the 'cold chop and bucket of hot tar,' of the ante-Ambrose Paré's time, would not have had better success, at least as far as saving life goes.

"The remarks are none of them applicable, or only in a very modified sense, to the admirable surgical work and dressings in civil hospitals, where air, instruments, dressings, and assistants are all clean; the latter, especially, not overworked and careless."

PAPER FIBRE LINT.

New articles of dressing for surgical wounds are constantly coming to notice, some of which, not accomplishing fully what is originally claimed for them, go into disuse, while others, although good are expensive. A cheap and good article is that patented article with the above title, made by Jas. Parker & Son, of New Haven. Weyth & Brother, of Philadelphia, the agents, say of it that:

"Parker's paper fibre lint will be found exceedingly valuable as an article for surgical dressing, being an efficient and much cheaper substitute for the well

known patent lint so long in use. Our attention was directed some time ago to the subject of providing such a material, and after many trials, we have succeeded in meeting the requirements of the case. The article we now offer has received the emphatic approval and endorsement of the leading surgeons in this city and in New York, Boston, Baltimore and Washington. It is made of perfectly new and clean fibre, no rags or foreign material of any kind being employed. The cotton is first carefully picked over by experienced hands, and then subjected for several hours to a steam pressure of sixty pounds to the square inch, in a rotary boiler highly charged with refined alkalies. It is next thoroughly washed, and again boiled or steamed for fifteen hours in chemical solutions, under the same pressure as before. Next, it is washed again as clean as possible in pure water, in a process of several hours duration. By this time all the resinous, oily or acid matters are effectually gotten rid of, leaving the pure absorbent, live fibre, ready for felting. When this process is accomplished, we have the material in sheets of a degree of tenacity, softness, and pliability superior to that of any other paper lint ever before made. These qualities, indispensable in a vehicle for surgical dressings, are combined with a remarkable absorbent power, superior even to that of patent lint made of flax fibre. This 'Paper Fibre Lint' will therefore be found to take up very readily the solutions so constantly used by surgeons in wet dressings, and to retain them in contact with the surfaces to which they are applied. Ointments may be very conveniently used with it, while its firmness, together with its smooth and agreeable texture, make it a very suitable material for compresses."

SWEATING AS A TETANUS REMEDY.

Tetanus is such an unmanageable disease that any method of treating it along with the properly applied internal remedy is worthy of attention, and in running over the Half-Yearly Compendium of the Medical Sciences, we observe the following case reported: "The subjoined case of traumatic tetanus is given in the *British Medical Journal*, October 20, 1877, from a clinic by Mr. Wagstaffe, on Treatment by Sweating. A covered framework was adjusted to the bed, and hot air passed inside by means of a tube connected with a heated cylinder. The temperature was raised to 140°, and maintained for rather more than three-quarters of an hour, by which time he became faint. The head was covered during this time with blankets, leaving him only breathing room through them to the external air. He continued to sweat profusely for about two hours after the bath, and during this time was covered with blankets. The sweating was repeated in the evening; and this treatment, by morning and evening sweating, was persevered in for twenty-three days, *i. e.* till May 18th, after which time it was only used once a day for a week."

IMPROVED MODE OF MANAGING EMPYEMA CASES.

Evacuating the pus from the pleural cavity is not difficult with the trocar and canula but it is capable of being improved upon:—"The Medical and Surgical Reporter" gives Mr. H. Marsh's suggestions on the best manner of treating this class of cases of suppuration as he has carried it out in the London Hospital for sick children.—It says:—There are two proceedings connected with the treatment of empyema that are often found troublesome to carry out; the introduction of the drainage-tube, and the washing out of the cavity of the pleura.

The usual method of introducing the drainage-tube is to make an opening in the fifth intercostal space; to pass a long probe through this, downward and backward, to one of the lower spaces; to make the point of the probe prominent beneath the skin, to cut down upon it, and then to drag the probe through the pleural cavity with the drainage-tube attached to it. The following appears to be a somewhat more simple and convenient method.

A number three catheter is threaded with a piece of strong ligature silk. This can be done by passing a piece of silver wire along the tube of the catheter, from the eye to the handle end, and dragging the silk through with this. Two or three inches of the silk are left projecting from the eye and four or five inches from the opposite end.

The catheter, thus prepared, is used instead of the long probe; it is introduced through the upper opening and passed to the lowest part of the pleural cavity; its point is rendered prominent in an intercostal space, an incision is made upon it, and it is brought out through the wound till the silk emerging from its eye can be seized; the silk is firmly held while the catheter is withdrawn, and then the drainage-tube is attached to the silk, and drawn through the chest from one opening to the other. The catheter is a convenient instrument for this operation; it is more rigid than an ordinary probe, its curve is appropriate, and its handle enables the operator to hold it firmly and to use it as a searcher for the lowest part of the pleural sac, while it obviates the necessity of dragging the probe through the chest. Mr. Marsh has found the following plan useful for washing out the chest.

If drainage has been previously used, a special tube is prepared as follows: It is made of red india-rubber, which is tougher and much more durable than the vulcanite, and is not affected by any agent used for injecting the pleura. This tube should have holes cut in its side, only in the lower half. Three or four inches from its upper end a piece of silk should be tied around it, so as completely to close its canal at this point, and just above this constriction a fenestra should be cut in its side. To wash out the chest, all that will be now required is a piece of smaller tubing, one end of which is inserted into the upper end of the drainage-tube, and the other in the fluid which is to be injected, which is held in a vessel six or eight inches above the patient. The apparatus will act as

a syphon. The fluid will pass through the smaller tube into the larger, which it will traverse till it reaches the constriction, where it will escape by the fenestra into the cavity of the chest, and will then run out either through the lower opening by the side of the tube or through the perforations in the tube itself. This plan can be carried out without pain or any disturbance of the patient."

EUSTACHIAN CLOSURE.

Dr. Gruber's method of opening the Eustachian tube is a decided improvement, and in order to make it clear, I will give his own description of it as found in the *Medical and Surgical Reporter*:

"Dr. Gruber describes his modification of Politzer's method, in a recent issue of the *Lancet*, as follows:—

As has been already said, in order to obtain an effective separation between the upper and lower parts of the pharynx, the muscles of the soft palate must be brought into play at the same moment that the Eustachian tube is opened. All this is obtained by the simple pressure of the root of the tongue upon the hinder part of the palate, if a strong expiration is made at the same moment. If one presses the posterior part of the tongue against the palate, the cavity of the mouth is shut off from the throat, and the soft palate is pressed upward and backward. The air, which passes in expiration into the throat, has no escape, either through the mouth or through the nose, of which fact one can easily convince himself by holding the hand or a small flame in front of the nose. The latter is not moved, and the hand is not conscious of the least breeze during the expiration, as would be the case did the air escape from the nose. The stronger the expiration at this moment the more tense will be the soft palate, by the pressure of the escaping air and the more effective the closure of the upper pharynx. This moment, as regards the arrangement of the pharyngeal parts, is the most favorable for giving the maximum degree of pressure to the pent-up air, by emptying the Politzer ball into the nose by the nozzle introduced as usual. Had we always quite docile patients before us, we should certainly make use of this method; as this is not the case, we must be content with such movements as come nearest to that above described.

The result of the investigations which I have made in my own mouth and in those of patients, is that we obtain the result when the consonants "h," "k," "k" are sounded together in the most sudden manner. In such a mode of operation much depends upon the patient's power of comprehension, and it is often easier for the surgeon to direct the patient to repeat some complete syllable, as it will demand less explanation to make them use a vowel between the consonants, as "hack," "heck," "hick," "hock," "huck." Let any one utter the indicated syllables in succession, as they are written down, and he will find that the tongue is pushed further backward and more firmly upward the further we proceed in the succession of syllables, so that with the syllable "hack" the tongue

is placed most forward, and with the syllable "huck" is pushed back to the furthest degree and against the parts above; and in this way the upper pharynx is narrowed, and effectually closed. The backward and upper pressure is stronger and the closure more effectual when the combination of consonants "hck" is uttered without the vowel. We have also in the scale of words a means of measuring—a kind of gauge of the closure of the upper pharynx, which is most useful, as will be seen. As the learned reader has already observed, the syllables are always written "ck," which I will explain by saying that the strong final sound falls upon "k." In proportion as the patient exerts himself to strengthen the sound of this final "k," so will it be possible to perfectly close the upper pharynx. Let us now try to utter one of these syllables, and we shall observe peculiar changes or effects in the ear; each time we find a motion in the tympanum, and not infrequently a noise similar to that experienced in the valsava experiment, and the experimenter must thus cause the air to pass through the tube into the tympanum cavity. The treatment which I now, supported by the facts given above, recommend for cases alluded to in the preliminary remarks, is as follows:—The operator stands, or sits, as may be most convenient for him, in front of the patient, and the end of the nozzle of the syringe (the ball of which is held in one of the operator's hands), is passed to the depth of one-third of an inch into the nasal opening. The operator then, with the thumb and first finger of the other hand, closes the opening around the syringe nozzle most carefully, and, while the patient utters one of the prescribed syllables ("hack," "heck," "hick," "hock," "huck," "hck,") the ball is compressed, and the air flows, with a clearly perceptible noise, through the tubes into the tympanic cavity.

IODOFORM AS A DRESSING IN CHRONIC INDOLENT AND OLD SYPHILITIC ULCERS.

All surgeons know the difficulty of healing those ragged old ulcerations that appear on the lower extremities of certain patients of unhealthy dyscrasia. Dr. A. Ansell, of Corpus Christi, Texas, in the *American Bi-Weekly* for June 9th, reports the following cases: Syphilitic History.—Had a large rodent ulcer on right leg more than 17 months. He washed the ulcer with a solution of chloride of zinc, and then dressed it with dry iodoform. This agent I packed in intimately with a wooden spatula; left no point uncovered. This was kept on with dry lint and a spiral bandage from the ankle to the knee; reapplied every third day. Result: perfect recovery.

The period which patients were under treatment varied materially; the shortest case was five weeks. The longest, in consequence of the patient being neglectful and disobedient, covered a period of nearly three months. On the whole the agent gratified me very much in destroying the gangrenous action, set up in these individuals, besides preventing that noxious odor which accompanies this form of ulcer. I have found nothing which cleanses the ulcer more rapidly, or that sets up healthy granular action more speedily than Iodoform applied dry and thoroughly packed.

COTTON BATTING IN FRACTURES.

In Paris raw cotton-dressings have been found useful by Dr. Monton in fractures and he thinks that muscular contraction is very materially controlled by the compression made with raw cotton and in this way assists in the reduction of the broken ends of bone into proper apposition and in compound fractures prevents untoward results.

This latter result I have found in my own private surgical practice as I have for years used it freely in such cases. Wounds heal nicely under its use and without a great amount of suppuration unless extensive contusions have occurred that must slough out.

Dr. Monton has arrived at the following advantages from the experiments which he has been making with it in hospital practice :—

1. "Fractures may be reduced, and kept in place by cotton-wool dressing.
2. Cotton-wool dressing is exclusively indicated in fractures with communicating wounds, in hospitals and all other localities where the air is vitiated by overcrowding.
3. The same dressing gives the power of delaying operations actually contra-indicated by the state of the patient, with advantage both to him and to the surgeon."

A NEW OPERATION FOR FRACTURE OF THE PATELLA.

I have generally been successful in making good unions in transverse fracture of the patella without operation by means of an apparatus I had constructed years ago, and described in this Journal. But as an operation might be required Prof. Lister's mode is the best :—The following notes of a recent case of his will explain his mode of procedure. "In a case of transverse fracture of the patella Mr. Lister cut down on the fragments, opening the knee joint, cleansed the surfaces of the fragments, and having established an independent drain of horse-hair for the knee joint, drilled the two portions of the patella and tied the fragments together with silver wire, and then closed the wound, which was also drained with horse-hair.

Six weeks after this operation was performed, the wound was seen to be completely healed, the ends of the silver wire projecting through the scar.

The highest temperature that had occurred was 100 degrees Fahr., on the morning after the operation.

There was no disturbance, constitutional or local, and both the wounds healed in about a fortnight."

ALCOHOL IN OPERATED CASES.—Do not give your surgical cases much stimulating drink, better to give none after the shock of the injury, and the shock of the operation is over, and depend upon nutritious diet to build up and strengthen; if alcohol is required it may be on the wound or ulceration as a dressing, but not internally as a drink.

Materia Medica.

PROF. S. A. JONES, M.D., ANN ARBOR, MICH., EDITOR.

PLUMBUM METALLICUM.

The Effects of Lead upon Healthy Individuals. Compiled and Arranged from 592 Selected Authorities. By Timothy F. Allen, A.M., M.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College; Member and Corresponding Member of Numerous Medical and Scientific Associations in America and Europe. Reprinted from the Encyclopædia of Pure Materia Medica, vol. viii. Philadelphia. Sherman & Co., Printers, 1878.

What will you say to him? You have just lectured on a drug; have had the good fortune to reveal to him the divine order which he had vainly sought in the symptom-chaos of the Master's scheme, and when the janitors bell announces the end of the hour, he comes down the aisle to you, with a new light in his eyes, asking: "Professor, what *Materia Medica* do you recommend?"

What will you say to him? Do you know what our Dunham, *facile princeps* used to do in this very instance? *Pick up his MSS. and vanish.* "What *could* I tell him?" he used to say to me.

Is there a single teacher of *our* Materia Medica who has not had this experience? Not one; it comes to all; it will continue to come until _____?

"How long did it take you to write that lecture;" said a student recently. "Twenty-one years," was the reply.

That helps to solve the difficulty. It is the facility of the expert which deceives the novice; he has not learned that as all the waters of the earth are tributary to the ocean so is all a physician's reading to the understanding of Materia Medica.

Does a teacher make a drug thrill you with its meaning, its purpose, its errand? Then, my word for it, you have heard a man who has ever been an earnest reader; who has a ready memory, quick perception, and a subtle sense of relationships. You may ask him *how* he studies Materia Medica; his answer can only be a succinct history of his whole student-life. As for finding any special study which has given him his divine felicity, you may as well ask the grape which sunbeam brought its bouquet—that is the memory of a summer; the outcome, of rains and dews, of winds that

tossed the leaves in glee, of zephyrs that kissed the glowing grape until it blushed.

How many of us have studied the *Materia Medica* aright? Let our book-shelves testify and a sorry answer we shall have. In the first, and second, edition of his *Pharmacodynamics* Hughes gives "a pretty complete list" of works necessary for the study of *our* *Materia Medica*. Let us look it over and see how far each of us has done his duty.

1. Hahnemann's *Materia Medica Pura*.
2. Hahnemann's *Chronic Diseases*.
3. Stapf's *Additions to the Materia Medica*.
4. Esrey's *Materia Medica of American Provings*.*
5. Teste's *Materia Medica*.
6. Hale's *New Remedies in Homœopathic Practice*. 2nd ed.
7. Hempel's *Materia Medica*. 2nd ed. 2 vols.
8. *The Hahnemann Materia Medica*. Part I. [Add part II.]
9. *The British Journal of Homœopathy* (from the commencement).
10. *The New Materia Medica*, appended to the *North American Journal of Homœopathy*.
11. Metcalfe's *Homœopathic Provings*.
12. *The American Homœopathic Review* (from the commencement).
13. *The Annals of the British Homœopathic Society* (from the commencement).
14. *The American Journal of Materia Medica* (from the commencement).

"You should also have one or two good Allœopathic treatises on *Materia Medica*; I can advise the English Pereira and the American Wood. The last edition of Christison 'On Poisons'† will complete your pathogenetic library."

How many of us have gotten the above in order to fitly prepare ourselves to meet and discharge our responsibilities? One only awakens the echoes of emptiness by asking the question. To be sure, the *British Journal*, and the *American Homœopathic Review* "from the commencement" are not to be had; but how many of us own the rest of the list?

Such a "pathogenetic library" as Dr. Hughes outlines, if obtainable, would cost in round numbers four hundred dollars—we paid \$403.75. This, of course, at once puts it beyond the reach of most students, and young practitioners. What, then, shall this class—the needy ones do? It was an earnest consideration of this crying need, this naked fact that our students *could not study our Materia Medica from sheer lack of material*, which led to the publication of the *Encyclopædia of Pure Materia Medica*, and for

* This is really the first volume of provings published by the *American Institute of Homœopathy*.

† I once saw a copy of the *Pharmacodynamics* 2nd ed. with this MS. note at the end of Hughes' list: "This was the last work I needed to complete the above requisites for the study of *Materia Medica*. On June 22nd, 1872, I obtained a copy of Christison's 4th edition, and I humbly thank God that these things have been granted to even my slender purse."

Poor fellow, he remains to this day in the minority!

their splendid endeavor to supply the want of a world both editors and publishers are entitled to the gratitude of a world.

In view of the need for this great work—a need which can not be explained away—the meanest thing which God's sun shines upon is the homœopathic physician who is not a subscriber to this work.

His little soul (?) has prostituted the noblest of callings ; he has made his profession only a money-making craft ; *he* will produce an abortion for "a consideration," forgetting that remoter consideration which an eternity will not wipe out. Let all such throw this journal aside ; I have nothing to say to them.

I return to that pleasanter question ; *the students need*. And just here let me ask ; Is this *Encyclopædia* a fair embodiment of the Materia Medica of the Future ? In the endeavor to answer this question I shall take the monograph which called forth this paper as a fit sample of the completed *Encyclopædia*. In the Lead schema Prof. Allen has at once shown us his strength as an editor, and the inherent defects of the plan which he has followed. Our School has had the highly artificial Hahnemannian schema foisted upon it. For a working Materia Medica it answers its purpose well ; for the student it is the most devilish device* that could be devised.

The student to get a conception of a drug must have it presented in a continuous entirety ; no dissociation of symptom-evolution can be permissible ; the order and sequence of its *action* must be preserved inviolate ; the pathological unities must be unbroken. With the practitioner all is reversed ; disease combinations are kaleidoscopic, and in each prescription *he* must perform a *synthesis*, the several elements of which he must find (and combine) in a disjointed Hahnemannian scheme. Therefore, from the very nature of things, a Materia Medica arranged *a la* Hahnemann is the *dernier resort* of the trained physician, while from an inevitable necessity the same arrangement to the student is only an *embarras des richesses*. Allen's 592 authorities give us five hundred and ninety-two unities, separate pictures of the action of Lead. So far, so good, but Hahnemann's *ordo* demands that these unities shall be broken. The cirrhotic kidney of Lead necessitates an hypertrophied left ventricle ; this again deranges the respiratory rythm by anæmia of the respiratory centre in the medulla

* "I am now going to tell you the horrible and wretched plague (plague) that my multiplication gives me, you can't conceive it, the most devilish thing is 8 times 8 and 7 times 7 is what nature itself can't endure."

Marjorie Fleming.

That my adjective is *apropos* is respectfully submitted to the Board of Regents who recently convicted me of "profanity." I am protesting against "what nature itself can't endure," and I am profane only in a Pickwickian sense.

oblongata, and thus kidney, heart, and lungs get a symptom-relationship which illumines a proving with a flood of light when the order of symptom-relationship is preserved. But, says Hahnemann, the physician seeking the "totality" will look for cardiac symptoms under 'heart,' lung symptoms under 'lung,' kidney symptoms under 'kidney.' The order is broken; symptoms are distributed under appropriate rubrics; all is nice enough for making a synthesis, but so far as pathological unity is concerned Hahnemann's scheme is a miserable *ripopee*.

Hence it is that, when we seek the "like," we are so often deceived by specious word—resemblances, a verbal semblance being mistaken for a pathological similarity. That this mistake is made by the ablest of therapeutists is easily shown. I find evidence, self-acknowledged—in Dunham's master-study of *SILICEA*. *North Am. Jour. of Hom.* vol. xx, p. 349.

"While, therefore, the remedies produced beneficial results and undeniably contributed to the cure, THEY DID NOT COVER THE ENTIRE CASE, and it is a question whether the ultimate favorable result would not have been more speedily attained had the *Silicea* been administered at an earlier date. This remedy I regard as the chief instrument in the cure. For so soon as the patient came under its influence there was evident that mitigation of ALL the symptoms and their disappearance, one by one, which the Homœopathist is wont to recognize as evidence that he has found in his remedy a *similimum* to the case." *Op. cit.* p. 370.

If, then, a Dunham falters and trips over a Hahnemannian schema what *will* become of the mob of gentlemen who prescribe at ease—the *oi pollai*?

But, if Hahnemann himself—the immaculate one—is intoxicated with his own *ripopee*, and fails, what then?

"The symptom" says Teste of an enormous increase of the size of the head led Petroz to prescribe Bovista in a case of complicated nervous derangement of the head, which Hahnemann, who had been consulted, declared incurable on account of the great number of drugs which the patient had already swallowed under the treatment of another Homœopathic physician; *the patient was cured*." *Mat. Med.* p. 175.

Let us be honest and admit that it is a nine days wonder that we have done as well as we have with our mechanical "symptom-covering" method.

Let us also admit that it is the fatal facility of applying this mechanical method which has let into our ranks a horde whose place is with other cud-chewing cattle. Let us frankly acknowledge that this is the Homœopathy which Hufeland stigmatised as "the grave of science." And, more than all, let us recognize the plain fact that if we cultivate this method alone, as the lippitidinous organon-quartette would have us, we shall lose in that race which we have yet to run with an older and a fast awakening School, a School which has ever been unscrupulous in its dealings with Homœopathy, a School which inhibits all gentlemanly instincts in its dealings with

Homœopathy, a School whose only advances in positive therapeutics consist of what it has stolen from Homœopathy.

The Encyclopædia tends to perpetuate a method of practice which has been the rule with us ; which must henceforth be the exception. Must be the exception because it tends to discourage the study of other branches—physiology and pathology in particular—branches of such vital importance in the progress of science that they can be ignored by no school which hopes to survive.

However distasteful this may sound to some, it is a truth that will not be ignored ; a truth, too, which will be most distasteful to those who know the least of these very branches. Have we not had senseless tirades about a “Physiological Livery,” by one so myopic that he could not recognize a single button of that livery ; tirades as monotonous as the hum of any *blow-fly* ; tirades whose “damnable iteration” have made even our enemies pity us ? There is an end for all this, and it is not far off, if I rightly read the signs at the last session of the American Institute of Homœopathy. The *Encyclopædia*, then, in our earnest conviction, does not embody the *Materia Medica* of the Future—that will be, must be, a work of an entirely different complexion. That work will be briefer. It will be made from fatal and non-fatal poisonings, from proverbs day-books, from researches on animals. It will present not *dissecta membra* to stick in the memory like burrs in a sheep’s tail, but conceptions which, crystallizing around a nucleus, take on a definite shape having angles and facets, and being recognizable always thereby.

Do not mistake me ; I do not condemn the Encyclopædia as fruitless. It is heavily laden with fruit, yea, the limbs bend to the ground under the weight thereof, but *the leaves hide the fruit* so that only the cunning ones can find it.

The absolute necessity for the Encyclopædia will remain for generations to come ; it will even enlarge its ample dimensions as new and later researches increase our pathogenetic stores. It will be needed when we seek for those remoter symptoms which no pathology can as yet explain, yet on which in the present incomplete condition of medical science we are often obliged to base the selection of the remedy. It will be needed because the most refined ‘Organopathy’—and there is very much in Organopathy at which not even a Hering can justly sneer—fails to elucidate very many reflex phenomena. It will be absolutely needed because there must be cycles of progress before the most able physician can in every instance dispense with the mechanical method of “covering the totality of the symptoms.”

The Encyclopædia must, and *will*, find a place upon the shelves of every progressive physician, because as *a catalogue of drug effects it stands without a rival in the literature of the whole earth.*

"Every progressive physician?" Yes, and if the ignorant conceit of homœopathic physicians leads them to imagine, as many of them do imagine, that all progress is in their own little ranks, they will one day awaken to find it the vainest of vain conceits.

The leaven of searching inquiry is at work in a School which is older, and in many respects far abler than ours. A School which is growing in knowledge, and ours is not so growing. The thinkers of this School are talking about "the double actions of a drug," "the different effects of dosage" and beyond all doubt they are working on a line the end of which any thinking homœopath can tell.

Earnest research is revealing the hem of Truth's garment, and when any earnest physician looks *her* fairly in the face he will find the phylactery *Similia Similibus* on her brow.

"And will 'Homœopathy' be universal?"

I do not know; I am only sure that if Truth reigns it will be well with all men.

Not fifty years ago a good man wrote:

"*No homœopathy, but yet a homœopathic method in rational physic!*"

"*No homœopathists, but yet rational physicians who make use of the homœopathic method in the right place and in the right way.*"

In the dread name of the source of all Truth what else should we ask, what else *can* we ask?

The homœopathic method IN THE RIGHT PLACE." Who but its enemy will ever seek to put it in any other place?

"*The homœopathic method* IN THE RIGHT WAY." Who but its enemy will ask for any other way?

Is he who will not stand by this a friend to the Homœopathic Method?

Is he who takes his stand on this an enemy to the Homœopathic method?

S. A. JONES.

MATERIA MEDICA.—A number of other excellent papers are in reserve for this department.—E. A. L.

Obstetrical Observations.

ELIAS C. PRICE, M. D., 262 MADISON AVE., BALTIMORE, MD., EDITOR.

GUERNSEY'S OBSTETRICS.

A REVIEW OF THE THIRD EDITION.

Published by Boericke & Tafel, and for sale at the Homœopathic Pharmacy of E. A. Lodge, Detroit.

Dr. Guernsey's third edition has been on my table since the 12th of April, but professional engagements have prevented me from noticing it sooner. When I reflect that it is the work of the Nestor of Obstetrics, I have felt the greatest delicacy about reviewing it at all; but I have been encouraged to add my humble mite from the well-known fact that no matter how elaborate an edifice may be, when it is finished we can generally see where there might have been some improvement. It is very creditable both to the author and the profession that a third edition is demanded so soon; it evidently shows that his "Key-Notes" are appreciated.

Most medical authors find it necessary to revise and rewrite, expunge whole chapters and add new ones, as the medical theory and the medical fashion in practice changes from time to time. The former and last edition of Sir Thomas Watson's lectures on the Practice of Medicine may be taken as an example. For 950 pages, embracing the whole of the second edition, Dr. Guernsey has not altered the number of a single page, though he has added a great many symptoms in his usual concise manner. Then we have an appendix of seventeen pages in which many additional remedies may be found mentioned; an exhaustive article on Coccydynia and some additional remarks on Diet, in which he condemns oysters, clams, fish and eggs; the latter, he says, "produce an obstinate diarrhœa." Perhaps the whole egg will, but I have never known the yolk given separately to produce any injurious effect, and it certainly contains more nutriment than any other article of an equal bulk. Boil the egg hard, take off the white and reject it, soften the yolk with a little water, and add salt and butter to taste. I give it thus to the most delicate patients and even to infants.

Having hastily gone over the whole, we will now go back and mention some of the minutæ. Dr. Guernsey's peculiar theory in regard to conception has already been treated by the reviewers of his former editions. I will add that I have always thought that the door was not only intended for the egress, but for the ingress of welcome visitors, while thieves only came in at the windows and went out at the door. There have been several theories as to how the semen got into the uterus. At one time it was supposed that it was propelled onward by the ciliary motions of the villous coat of the vagina and uterus. Dr. Marion Simms supposed it was drawn up by suction, that during the orgasm the uterus

contracts and forces out the mucous or other fluids and creating a vacuum ; that when the orgasm is over the uterine fibres relax and the uterus swells out like the hand-ball of a rubber syringe, and that the semen is drawn up. A physician, whose name I forget, writing some five or six years ago in one of the journals, said that he was called in to see a lady whose uterus was entirely prolapsed. She cautioned him to be very careful how he touched her, as she was very excitable. He said as no one had ever seen how the uterus acted under excitement he concluded he would try the experiment. So he drew his fingers several times lightly over the cervix, when the orgasm came on, and, to his astonishment, the mouth of the uterus gaped open three or four times like the mouth of a fish, from an inch to an inch and a half wide. If this always occurs during the orgasm, I should think some one would have an opportunity of verifying it, and if it should be verified, there would certainly be no need of Dr. Guernsey's ducts, and he will have some expunging to do.

On page 193 Dr. G. advises that the patient should lie on her left side during the vaginal examination in the beginning of labor. In that position the back of the accoucheur's finger, or, in other words, the finger nail, will be towards the os, and if it is high up he will not be able to detect it. I always place the patient on her back, then you feel with the ball of the end of the finger, and you can hook the finger forward to feel for the os, which you cannot do in the other position.

On page 199 he says: "But there is danger in this breech presentation of making so much traction upon the child as to pull the body away from the flexion of the head, and thus cause the chin to hang on the superior strait, or to become fixed in the cavity of the pelvis." There is also danger in making too much traction on the body of the child of causing the arms to rise over the head, thus complicating the case by increasing the difficulty of bringing down the arms, and also leaving that much less space for the head. I have turned and delivered a number of children and never had any necessity for the use of forceps in delivering the head until my last two cases, both of which would have been lost had I not had the forceps at hand. In turning, if the liquor amnii has been long evacuated and the uterus is firmly contracted on the child, the administration of chloroform becomes a necessity.

AFTER-PAINS.—To the remedies for after-pains I have added on the margin the following notes :

Aconite: High, nothing equal to it. J. G. Gilchrist, M. D.

To the symptoms of *Arnica* I have added: "Pains excited by the child nursing."

Conium: After-pains excited by putting the child to the breast, the pains extending from left to right.

Camphor tincture: Three or four drops in sugar and water every 15 to 30 minutes. M. Brewer, M. D.

Podophyllum: After-pains, with strong bearing down.

Sulphur: After-pains begin in sacrum, pass around the pubis, and run down the thighs. J. C. Morgan, M. D. *Sabina* has the same symptoms except the pains extend from the *uterus to the thighs*.

Viburnum tincture in water. H. M. XI. 525.

SORE NIPPLES.—For sore nipples I have found Dr. G.'s remedies in the majority of cases to act like magic. One monthly nurse appeared to think I had a panacea for sore nipples. She was quite astonished when I told her I used nearly a dozen different remedies. The last case of sore nipples that I had, on account of the necessity of treating other symptoms, I could not give the 200th of the same remedy as directed by Dr. G. at the same time I used the wash, consequently the patient did not improve as usual. After using Graphites ointment and Hydrastis ointment, I healed them up with Arnica 3i. Glycerine and water each 3ss. It was apparently a Sulphur case, but Sulphur did not cure.

AGALACTIA.—In cases of habitual deficiency of milk, instead of waiting until after confinement to give the indicated remedy, it is a good plan to give it continuously for about three months before confinement. *Calc. c.* will most frequently be the remedy indicated constitutionally. Also adopt Dr. Cutter's plan of feeding the mother after confinement on cereals that have not been deprived of the bran, as Graham flour, cracked wheat, oatmeal and maize. Good cow's milk is much better for the mother to drink than porter or ale.

MORNING-SICKNESS.—For Morning-Sickness, (which should have been mentioned before), Dr. Chas. A. Geiger, of this city, recommends the local application of the strong tincture of Belladonna. He pours a teaspoonful on a compress and applies it directly over the uterus, when it gets dry he wets it again until one ounce is used, after that it will suffice to wet the compress with water. He says the effect is often instantaneous, and that patients have often expressed the most intense gratitude for the relief afforded. I give this for the benefit of those who are not Guernseys in eliciting symptoms, either constitutional or concomitant, where there appears to be none, and in selecting the homœopathic remedy.

PUERPERAL FEVER, ETC.—Among the remedies for Puerperal fever and Metritis, I do not find Verat. vir. This remedy, when indicated and given low, will seldom be found wanting.

Puerperal Mania.—On the 24th of Dec. 1876, I lost a most estimable lady with the above disease, on the eighth day after confinement, making the third lying-in-patient in a practice of thirty years, from any cause. The most carefully selected medicines had no effect in fact, there was not a single remedy mentioned by Guernsey that suited the case.

In a similar case I should certainly give Hydrate of Chloral, for I believe it would have been homœopathic to her condition. According to Dr. Allen, it has the mental symptoms of puerperal mania; from my experience I believe 2 or 3

grain doses will produce *sleeplessness*. A lady told me that even 20 grain doses repeated at short intervals, had kept her *wide awake* for three days and nights, Usually from 5 to 20 grains will produce sleep.—*See Allen*.

Toothache is a very distressing concomitant of pregnancy. *Plantago* cures the majority of cases in the unimpregnated state. I have not tried it during pregnancy. I believe an exhaustive proving would bring out a great many more symptoms than are given by Dr. Hale. In men who chew tobacco, it is almost sure to produce a temporary disgust for the weed.

In *Constipation* I can corroborate Dr. Pierson's recommendation of *Nux vom.* 2 M. one dose every night at bed time; it has often succeeded after lower dilutions had failed. Several members of our city society say that when treating patients with *Nux low*, they have found it to produce constipation when it did not previously exist.

Page 363. Pains during pregnancy. *Caulophyllum* is omitted. When the pains are of a crampy nature, it is one of the most important remedies. *Viburnum Opulus* cures cramps and contractions of the extremities, especially during pregnancy. *Viburn Prun.* has cured cramps in the limbs during pregnancy.

To the remedies for *Dysmenorrhæa* the Dr. might have added Galvanism, particularly the continuous current.

Murex is left out among the remedies for *Nymphomania*, and so is *Kali brom.*

Under *Vaginismus* I have added the following notes: *Kali c H. M. XI.* 513. *Hamam., Aur., Mur., Natr.,* notes several cases. *Nux., Ign., Sil.,* *British Journal Hom. Vols. XXXIV; 354, XXXIII, 556; XXXIV, 180.*

The symptomatic indications for *Ulceration of the Uterus* are rather short. Dr. E. T. Blake, in the *British Jour. Hom., XXXV, p. 39,* says: "If abrasion be present then the king of remedies is *Corrosive Sublimate*. It not only has a specific relation to the genital sphere, but it meets the pathological process of ulceration arising from over-stimulated, then broken down glandular structure. It also covers many of the secondary remote symptoms.

If *hypochondriasis* be marked, *Actæa* is indicated; fretfulness, *Cham.*; debility, *Phos-ac.*, debility from excessive leucorrhea, *China*; insomnia, *Gels.*, or one of the *Solanaceæ* according to the minute indications; vertical burning, *Cuprum*; vertical burning with vertigo, *Actæa*; vertical burning with flushing, *Lach*; supra orbital neuralgia, for the attack, *Chelid.*, for the tendency *K. bich., Arg. nit.*; facial neuralgia, *Plat., Cham.*

Eye: Retinal disease, *Phos.*; muscular disease, *Arn., Gels.*; choroidal disease, *Act., Bell.*

Ear: Not much can be expected here from internal medication. *Quinine, Arn.,* and *Hydrastis* may be tried.

Laryngeal and pharyngeal affections, *Nux vom.* and the *Iodides of Mercury* and *Potassium*; flatulence, *Lach.*; flatulence, with abdominal distention, *Nux mosch.*; flatulence with borborygmus, *Arg. nit.*; flushing, *Lach., Amyl. nit., Glon.*;

palpitation, Lach.; epigastric sinking, Lach.; Act.; hæmatemesis with ovarian pain, Hamam.; hypogastric sinking, Bell.; stitch in ovary, Lach.; lumber aching, Act.; acute lumber pains, Bell.; pain in the hips, Coloc.; pain in the thighs, Xanthox.; "bearing down" pain, Sec.; pressure without pain, Stannum; fierce straining down, Plat.; irritable bladder, Nux; irritable kidney, Verat. alb.; Act.; irritable rectum, Aloe.; piles with itching, Nux vom.; piles with congestion, Hamam.; piles with tenesmus and engorged liver, Pod.; piles with tic, Verbasc. Merc. corr.; piles, chronic, Sulph., Collins.; pruritus vulva, Ars., Calad.; yellow leucorrhœa, Nux vom.; sacral pain, Sepia; itching of skin, Sep.; Sulph.; alopecia, Sep.; Phos., Calc.; paraplegia, Bell., Ars., Con., Cocc., Sulpho-cyanide of Potassium; fainting, Lach.; fainting with pallor, diuresis or diarrhœa, Verat. Alb.; fainting with muscular relaxation, palpitation, and nausea, Tobac.; dementia, Act., Sec.; dementia, acute, Hyos., Bell., Mercuric methide."

Page 730. *Ovarian diseases*.—Two very important remedies which have often done me good service are omitted: Phosphorus and Podophyllum. The former has pain in the ovaries extending down the inner side of thigh (perhaps also Staph., and Coloc.) Pod. has aching pain in the region of left ovary with heat running down the left thigh. It also has pain in the right ovary, and I have found it equally successful when the heat ran down the right thigh.

Apis. Burning stinging in right ovary; numbness down the thigh or up to the ribs.

Aescul. hip. Pain starts in right ovary and runs through the hip to the back.

Brom. Chronic ovaritis in young women who have had no children.

Hamamelis. Pain commences in right ovary, passes down the broad ligament to the uterus; ovarian soreness and painfulness.

Lilium tig. Dull drawing pain in left ovarian region, relieved by gentle pressure with the hand. Burning pain in both ovaries in the morning, with burning high up in the abdomen. Four loose dark stools before 11 A. M.; can't wait.

Sabina. Ovaritis; stitches in the vagina, deep from before backward.

Ustil. mad. Ovarian irritation or swelling, also burning in the region of the right ovary. Acute pain in left ovary and swelling; pain passing down the legs.

Sumbul. "Cork-screw" pains in the left region of the uterus and its appendages.

Xanthox. Ovarian pains with scanty and retarded menses.

Zizea. Intermittent neuralgia of the left ovary.

In scarlatinal rheumatism Teste's remedy, Dulc, which I have often found efficient, is omitted. Gels. is not mentioned as a remedy for measles. In some epidemics it is much more efficient than either Aconite or Puls., but it must not be given too low, as I have sometimes seen it cause the eruption to assume a purple

appearance, and remain out for two weeks. Should not be given lower than the 6th except in cases of retrocession.

No mention is made of Rotheln. Gels. is its remedy, though Aconite and Coff. may sometimes be called for.

In the treatment of small-pox, Teste's abortive treatment is not mentioned. I once verified his assertion in treating two unvaccinated children.

Neither Iris vers., nor Lappa major are mentioned in diseases of the Scalp.

On Enuresis I find the following among my notes: "Rhus tox. Weakness of the bladder in girls and women (and boys too, constant dribbling of the urine, E. C. P.,) frequent and inconvenient desire to make water.

Ferr., Phosp., will cure many cases of nocturnal enuresis.

Ferr. met. 30. Incontinence of urine more frequent in the day time than at night, but floods the bed five or six times at night. Urine smells like strong ammonia; stains the sheets very dark; yellowish clay-colored sediment sticks to the sides and bottom of vessel.

The above symptoms existed in a girl of fourteen that I have treated at times for years. She had had Benz-ac., Nit-ac., Phos-ac., Bell., Equiset., Gels., and various other remedies. Ferr-m. 30 has nearly cured her in a few weeks.

Reading the article on that intractable malady, *Coccydynia*, reminds me that it was once my misfortune to treat a case for about six months without affording any relief, notwithstanding the aid afforded by the publication of Dr. W. S. Searle's article, which had just then come out; disgusted with remedies, I resorted to the Lebenswecker. A few applications of it cured my patient. A few months afterwards I was called to another case. I resorted to the Lebenswecker at once and gave no medicine, in a few weeks the patient was well. Dr. Hering's *Ab ridged Mat. Med.* is especially rich in remedies for it.

Taken altogether, there is a great deal to commend and very little to censure in Dr. Guernsey's work. In the mechanical department it is fully up to the times, and in Therapeutics it is *FAR SUPERIOR* to any work in our literature. It is not only full on Obstetrics, but also complete on Diseases of Women and Children.

If Dr. Guernsey will write a complete Text Book on the Diseases of Women, giving the Etiology, Symptomatology, Pathology, Diagnosis, Differential Diagnosis, Prognosis and treatment, and also a similar work on Diseases of Children, he will not only confer a lasting benefit on students, but on practitioners both young and old. We will then have but little necessity to go to allopathic sources for information on either of the three subjects,

E. C. P.

CONTRIBUTIONS for this department are solicited from our readers, they can be sent to the editor,

E. C. PRICE, M. D.,
262 Madison Ave., Baltimore, Md.

Book Notices, Etc.

HOW TO BE PLUMP, or Talks on Physiological Feeding. By T. C. Duncan, M.D. Chicago, Ill., Duncan Bros. 1878.

This is a 12 mo. volume of 60 pages.

The author recommends those who desire to increase in fat and to keep plump to use oysters, milk, to drink a pint of water in four doses each day, to eat potatoes, bread; meats sparingly, and to take regularly about eight hours sleep, retiring early. Condiments, spices, acids and stimulants to be avoided. An half hour rest after dinner, or siesta, to be taken.

The book contains many valuable hints and suggestions which those who are disposed to leanness may read to advantage.

BLUE AND RED LIGHT AS A MEDICINE, by S. Pancoast, M.D., Philadelphia, J. M. Stoddart & Co. 12 mo., pp 312. \$2.00.

A reference to a previous number (p. 251) shows the value of *Chemotherapy in Mental Diseases*, and any of our readers who are interested will find the book of Dr. Pancoast well worthy of examination. In former years when suffering much more from an inveterate bronchial affection than we are at present, we had just as distinct hunger for sunlight and mountain air as for food. Much of the rage for blue glass of the past year was very foolish, but those who write, read and work in rooms that the sun never shines upon, when they can be in rooms exposed to the sun's rays, are guilty of still greater folly.

TRANSACTIONS OF THE HAHNEMANN MEDICAL ASSOCIATION OF IOWA. Ninth Annual Session, Davenport, May 22d and 23rd, 1878.

This is an octavo pamphlet of 58 pp. containing many valuable papers. Among the most noteworthy are: A differentiation of Belladonna, Hyoscyamus and Stramonium, by T. G. Roberts, M.D., and an elaborate article upon Rheumatism of the Womb, by E. A. Guilbert, M.D. The names of sixty-two members appear on the roll, among whom we are pleased to find many of our old subscribers and friends.

A LIBRARY FOR \$4.50.

Six volumes of the Reports of the New York State Eclectic Medical Society (vols. v to x inclusive) by express for only \$4.50. By mail, postage prepaid \$5.50. Send postal order or registered letter.

The books are illustrated, bound in cloth, and together number 2,700 pages. They contain about 300 essays, mostly on practical medicine, 7 on Diphtheria, 8 on fevers, etc, each worth to the practitioner the price of the whole.

THE CREAM OF THE LITERATURE OF THIS SCHOOL IN THE EMPIRE STATE FOR THE PAST SEVEN YEARS.

Address, J. EDWIN DANELSON, M.D.,
120 Lexington Ave., New York.

THE LAW OF POPULATION. Its consequences and its Bearings Upon Human Conduct and Morals. By Annie Besant. Authorized American Edition from the 25th Thousand English Edition. New York, Asa K. Butts; Detroit, E. B. Smith & Co.

This book is advertised as advocating more and earlier marriages, opposing abortion, prostitution and poverty, all of which is commendable, but when we find it teaching the prevention of conception, we are not surprised that the pamphlet has been indicted in England.

A PLEA FOR EDUCATION AS A PUBLIC DUTY. An Address at the Annual Commencement of the University of Michigan, June 27th, 1878. By George V. N. Lothrop, LL.D. Ann Arbor, Michigan. Published by the Board of Regents.

This is an admirable address by the Addison of the Detroit bar.

HOW TO TAKE CARE OF OUR EYES. By Henry C. Angell, M.D., Boston. Roberts Brothers. Price 50 cents.

Dr. Angell presents in a very neat 12 mo. vol. of 71 pp., with cloth covers, advice to parents and teachers in regard to the management of the eyes of children. It is well written in pure and simple English, as free as possible from technicalities, and can be safely recommended for popular use.

A TEXT-BOOK OF ELECTRO-THERAPEUTICS AND ELECTRO-SURGERY. For the use of Students and General Practitioners. By John Butler, M.D., Etc. Boericke & Tafel. 1878.

Our partner, who is well posted on this subject, has examined this book carefully and says *it is the best work on Medical Electricity in our literature.*

PREACHER AND HOMILETIC MONTHLY: Religious Newspaper Agency, New York.

The present (the September) number of *The Metropolitan Pulpit and Homiletic Monthly* closes the second volume. The Publishers announce that the publication has met with great favor, attaining a very large circulation, especially among the clergy of all denominations. *The Complete Preacher*, published by the same house, is to be combined with *The Pulpit*, making one large Homiletic Magazine, to be called *The Preacher and Homiletic Monthly*. This combined publication will be nearly double the size of the present *Metropolitan Pulpit*. The subscription price will remain \$2.00 per year up to \$2.50. Reports of very able sermons appear in the September number.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS, ETC.—Boericke & Tafel.

A review of the new edition of the work of Henry N. Guernsey, M.D., by the editor of the Department of Obstetrics, appears in our present number.

BERBERIDACEÆ.—*The Botanical description, commercial history, medical properties and pharmaceutical preparations.* By C. G. & J. U. Lloyd, Cincinnati. 8 vo. pp. 16.

This pamphlet can be obtained of the authors in Cincinnati, by enclosing stamp and address. It is very valuable.

PALLISER'S AMERICAN COTTAGE HOMES. Published by Palliser, Palliser & Co., Architects, Bridgeport, Conn. Price, \$5.

Illustrated by 40 9x12 plates, containing 50 designs of Modern Low Priced Cottages and Workingmen's Homes, suitable for erection in city, suburbs, village and country, in the North, South and West. Gives plans, elevations, perspective views, sections, details, specifications; also descriptive letter press on back of each plate, form of contract, etc., etc.

The value of this work to builders cannot be estimated, as it contains designs for just such houses as they are called on to build every day in the week.

The "Manufacturer and Builder" says: "This book meets an actual demand for practical designs for low and medium-priced houses adapted for the majority of the people. The designs are graceful and practical, the plans convenient, and the details given for construction are sound and at the same time economical. The time has passed when people think that tasteful designs and convenient plans must necessarily be more expensive; the examples given by our prominent architects have proved that much money is thrown away in constructing ugly, illy-proportioned buildings, while, at the same expense, beautiful and well-proportioned structures can be erected. At the same time, this publication, proves how interior convenience is perfectly compatible with exterior beauty, another point which has been doubted by many, because of the failures of some architects to provide in exteriorly beautiful structures the interior comforts often experienced in old-fashioned and ugly residences."

Publications of this class are the stimuli which are working a revolution in domestic architecture, which we earnestly hope will, in the course of time, sweep away all that is ugly to the eye, and so improve the public taste to the standard required to appreciate the truly beautiful."

DETERIORATION AND RACE EDUCATION, with Practical Application to the Condition of the People and Industry. By Samuel Royce. Boston: Lee & Shepard, Publishers, 1878.

This is a 12 mo. volume of 585 pages, sent to editors and others by Mrs. Elizabeth Thompson of 124 West 45th Street, New York City. She evinces her earnestness by deeds as well as words. In her presentation note, she says:

"If I am not mistaken, honest labor is the NEED of the HOUR, alike demanded by the physical, mental, moral and financial condition of the nation. Industrial education alone can bring about this change by joining with labor, skill, dignity and honor."

True education will reach the physical, mental and spiritual wants of man; all other is defective and fails to develop true manhood and womanhood.

American Observer.

EDWIN ALBERT LODGE, M.D., DETROIT, MICH., GENERAL EDITOR.

A CORRECTION.

EDITOR OBSERVER :—Will you please make room for the following : A case of perineal fistula, sent to my clinic at the University last winter, and subsequently treated, and I believe practically cured, by Prof. Maclean, has caused some unnecessary and warm comment in various circles, professional and otherwise, in our State. As I never operated on the case, and, after an examination under chloroform, dismissed the patient to enable him to make arrangements to enter the Hospital where we *did* propose to attempt a cure, his cure by Dr. Maclean affects me but little, unless it has robbed me of a similar gratification had I the opportunity. An affidavit furnished me by the attending physician of the patient was my authority for charging Dr. Maclean with using unfair and unprofessional means to seduce this case from me. At the last meeting of the Board of Regents the Professor made *this* charge against me, viz. falsely accusing him of said action, and demanding an investigation for the double purpose of clearing himself of the charge, and securing a retraction from me. The charges were given to Regents E. C., and S. S. Walker, who called Dr. Maclean, the patient, hospital nurses and attendant, and myself before them. Dr. D. O. Farrand, and Dr. H. C. Allen, of Detroit, were also present. The patient denied that he had ever made any such statement as the affidavit referred to contained, and stated that he had *signed it, and sworn to it without any knowledge of its contents, because he was ASKED to do so!* Dr. Maclean showed by his witnesses that he had *not* used any means to withdraw the patient from my clinic, and on the testimony I cheerfully withdrew the charge, Dr. Maclean likewise withdrawing his against me. The Doctor also conceded to me, in express terms, that had the statements made in the affidavit been *true*, I would have been fully justified in writing of him as I did. Regent E. C. Walker censured Dr. Maclean for attacking me as he did, and Dr. Farrand

said, in effect: "Yes, I have always told Mac' he goes off the handle too easy." It is but justice to state that I was also censured for attacking Maclean in the secular press. This is all there is in the case, and some of those who are circulating the story that I had been "convicted" of some mysterious crime by this committee *know* it. There was not a word about the *treatment* of the case, or the result, in the charges, the investigation, or the committee's report, as had nothing to do with the case.

Respectfully,
J. G. GILCHRIST.

Detroit, July 22nd, 1878.

MEDICAL ETHICS.

BALTIMORE, May 20th, 1878.

At a meeting of the Baltimore Homœopathic Medical Society held May 16th, the code of Medical Ethics of the American Institute of Homœopathy was adopted with the exception of Sec. 3, Part II. On the duties and obligations of physicians to the profession and to each other Sec. 3, was erased and the following adopted as a substitute.

Sec. 3. This Society recognizes the right of every physician to inform the public by card or advertisement, that he is engaged in general practice, or practice limited to a particular class of diseases; but it condemns any advertisement which claims that the physician is in possession of some remedy, or acquainted with some mode of treatment known only to himself; or that he possesses some special qualifications for the treatment of certain diseases, and declares that any physician so advertising, shall, on proof thereof, be expelled from this Society.

ELDRIDGE C. PRICE, M.D., *Secretary*.

REDUCTION IN PRICE.—We are glad that so many of our subscribers availed themselves of our offer to accept \$2.00 for this year if paid before August 1st. In view of the difficulty of making collections we will extend the time until October, by which time we trust it will suit the convenience of all our friends to pay the \$2.00 for this years subscription. Several owe for previous years and are losing the satisfaction of reading a Journal that they have paid for. We trust that this hint will be a sufficient reminder.

An old reader writes:—"I am glad to see the reduction in price, as collections are so slow, and although the OBSERVER is well worth

the price put upon it, still in these stringent times in money matters, a small reduction is of some moment, as there are so many demands upon ones purse, and all expecting some attention."

"Should be sorry not to take the paper, but prefer always to pay in advance when possible."

Another of our subscribers says he is "*in the rear*" for this year only. We say to him and all others that we trust they will see that the front is the place of honor, and that we are ready to welcome them to this position most heartily.

An Illinois subscriber writes: I see by the last number of the OBSERVER, that you have been so generous as to offer to accept \$2.00 in full for the OBSERVER for 1878, if paid before August 1st.

"I accordingly take advantage of the kind offer and herewith remit. Am sorry to have kept you waiting so long, but money here is very difficult for Doctors to get hold of."

"Have taken the OBSERVER ever since before I commenced practicing and don't feel as though I could well do without it, if times *are* hard."

STILL WELCOME.—An old subscriber who removed to California writes: "At this distance the OBSERVER is still welcomed with the same pleasure as of old."

AN OLD SUBSCRIBER writes: "I really thought in view of the hard times I should be obliged to stop taking the OBSERVER, but being rather tender-hearted I could not part (without a severe struggle) with my friend of so many years standing, so I send my two dollars for the OBSERVER for 1878, and may God bless the effort and all concerned."

NEW REMEDIES—SECOND EDITION.—We will give two years subscription to this Journal for good second-hand copies of the second edition of New Remedies.

DR. DUDGEON'S paper published in our August number has been commented upon by many. One physician says:

"I think that Dr. Dudgeon is solid in his ideas, or at least we physicians in the rural districts think so, for the practice of medicine is more complicated here in every respect than in large cities, and we know how to appreciate the paper written by the Doctor.

"The name Homœopathy keeps away just as many as it brings in the country, people judge by results and facts not laws in the practice of medicine. I have obtained my practice under the name of physician simply, still I have employed almost exclusively the law of "similia."

SUCCESS.—One man labors with the brilliancy of a genius and when his services, self-sacrificing and faithful as they have been, fail to meet the recognition and endorsement they deserve, he becomes discouraged and disheartened. Until the great day of reckoning men will not know how truly, according to his powers, he served them. Now he is traduced, slandered and misrepresented. Disgusted with such ingratitude he is ready to retire. Another one, just as devoted, but with less showy talent, plods on, in a measure regardless of the smiles or frowns of the multitude. He knows that character is invulnerable, and reputation the mere bubble which the serpent tongue of the malicious can open with a slight thrust, and believes that eventual success will be his when the shadow and shams of the present pass away.

ARE PREMATICULATE EXAMINATIONS UNNECESSARY? Let the following suffice. *Verbatim et literatim*. "I am Reading Medson and Practis som in the naberhood Pleas send me yor Price list I hav bin Dealing with ————— of Sencenata." Our Cincinnati friends will understand.

GENTLEMEN! Notwithstanding the sharp eyesight of the proof-reader we find among personals on page 408 *Gentlemen* printed in the wrong type.

LACTOPEPTINE.—(*New York Medical Journal*).—This preparation, which has the merit of being considerably cheaper than the best kinds of Pepsin, has been found by actual experiment to possess a decided and uniform solvent power, greater, weight by weight, than Pepsin as usually prescribed. It is a combination of Pepsin, Sugar of Milk, Pancreatine, Ptyalin, and Lactic and Hydrochloric Acids. We have administered Lactopeptine in a number of cases where Pepsin was indicated, and have been fully satisfied with the results.

HART ON DISEASES OF EYE.—A reply to review by Dr. Norton is in compositor's hands.

JONES.—The *Detroit Post and Tribune* of July 31st contains the following item :

Recently, Prof. Jones, of the Homœopathic Medical College, received a fine sphygmograph by express. The next day's mail brought a letter saying that the instrument was sent to him "as a slight token of appreciation, by a few of your Eastern friends, of the work which you are doing for scientific homœopathy." The work referred to is done in the laboratory for experimental pathogenesis, which was inaugurated by the doctor and is sustained at his own expense, to supplement the teaching provided by the State. This sphygmograph is a "Yankee" improvement on Burdon-Sanderson's modification of Marey's instrument, and the Professor finds it to possess exquisite delicacy in following the pulse-wave, while for ease of application it is superior to all.

It is very gratifying to find the profession thus recognizing the value of the labors of Prof. Jones in the University.

ST. LOUIS, Aug. 16, 1878.

A CARD:—In consequence of my name having appeared in two College announcements as Prof. of Surgery the current year, I take pleasure to inform the profession and students generally that I will deliver my next annual course of lectures in The University of Michigan, commencing Oct. 1st.

During the term I propose to deliver a course of twenty lectures on the *Special Operations of Surgery* to physicians alone, comprising the more frequent and important operations that fall under their care. Due notice of this course, fees, etc., will be published in our Medical Journals.

For further particulars, Address

E. C. FRANKLIN, M. D.,

University of Michigan, Ann Arbor.

New York Ophthalmic Hospital for Eye and Ear, corner 3rd avenue and 23rd street. Report for the month ending July 31st, 1878. Number of prescriptions, 3,442; Number of new patients, 384; number of patients resident in the Hospital, 31; Average daily attendance, 133; largest daily attendance, 221.

J. H. BUFFUM, M.D., *Resident Surgeon.*

REMOVALS.

BRAYTON—Dr. S. N., from Honeoye Falls to 210 Delaware Ave., Buffalo, N. Y.

JOHNSON—Dr. S. A. Johnson from Fremont Neb., to Berrien Springs, Mich.,

LITTLEFIELD—Dr. J. J., from Auburn, Ind., to Jackson, Mich.

SILSBY—J. P. Dr., from Ottawa, Kansas, to Eureka, Kansas.

WHITE—Frank N. Dr., from Ann Arbor, to Sault St. Marie, Michigan.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

REPLY TO G. S. N.'S (DR. G. S. NORTON'S) REVIEW OF DR. HART'S TREATISE ON THE EYE.

"I would not willingly imitate the manner of those that describe maps, which, when they come to some far countries whereof they have no personal knowledge, set down how there be great wastes and deserts there; so I am not apt to affirm that they knew little, because what they knew is little known to us."

—BACON. *Interp. of Nature*, ch. v.

My attention has just been called to an article in the May number of the *N. A. Jour. of Hom.*, in which the author, under the form of a review, grossly misrepresents my work upon the Eye. My first thought upon reading the criticism was to take no notice of it; but as my silence regarding its misstatements might be construed as an admission of their truthfulness, I shall, in as brief and temperate a manner as possible, reply thereto.

A recent writer has well remarked, that "there has been no author of distinction who has not, during some period of his career, been a victim to adverse criticism." Homer, for example, was accused of stealing from anterior poets whatever was most remarkable in the *Iliad* and *Odyssey*. It was stated that he completely pillaged the library at Memphis in a temple of Vulcan. Aristotle, despite the evidences of his industry in more than four hundred volumes, was held up by Cicero, Plutarch, and other celebrities, as ambitious, ignorant and vain. Socrates, the wisest and most moral of men, was treated as a usurer. And Virgil was pronounced destitute of invention by Pliny and Seneca, and absolutely denied even mediocrity by Caligula. If this was true of the most renowned of the classic authors, is it any wonder that authors of to-day receive like treatment at the hands of interested reviewers? The same writer adds, "There have been few reviewers who have not laid themselves open to acute criticism through the falling in love with their own pens." Let us see how it is with "G. S. N." But first, in order that the profession (for our appeal is unto Cæsar) may correctly interpret the *true inwardness* of

this attack (for such it is), it will be necessary to reveal the *animus*. This will be rendered sufficiently evident by a moment's consideration of the following facts :

1st. Bœricke & Tafel are the publishers of two ophthalmic works, Allen and *Norton's* (the latter says the entire work was written out by him,) and *Angell's*. Angell's treatise is spoken of somewhat disparagingly in my work. in a note written only for the pages of the OBSERVER, but which, by oversight of the printer, was unintentionally retained in the printed volume.

2d. *Norton's* work having just appeared, and being devoted exclusively to ophthalmic therapeutics, was diligently examined from cover to cover *for new ideas*, but affording nothing of value, was quoted as authority but once, which reference was by no means to its credit. (See page 216 of my work.)

3d. My treatise was not written by a professed specialist, nor was it written *for* specialists ; hence it was expected that it would excite the animosity of a class of practitioners whose professional relations are such that they can scarcely do justice to each other.*

4th. The opinions of disinterested parties relative to the comparative merits of these works was anything but flattering to both the authors and publishers of the rival works. (See notice in the advertising columns of the OBSERVER.)

5th. It was very natural for Bœricke & Tafel, whose ophthalmic publications were held in such *high* estimation, to employ said "G. S. N." to do the (to him) congenial work of attempting to *write down* my book, and as he could not do it by *fair* means, he resorted to unfair ones, as we shall presently show.

It is hardly necessary to premise that we lay no claim to perfection in the present edition of our work. A treatise on the Eye, issued in the peculiar manner that this was, the first portion of which was *printed more than a year prior to the appearance of the work in book form*, and at such a distance from the author that he was unable to revise many portions of the proof, could hardly be expected to escape the assaults of interested parties ; but such attacks come with a bad grace

* See Dr. Wanstall's criticism of Prof. Vilas' article entitled "Erysipelas of the Globe and its Appendages," in the July number of the OBSERVER. This criticism is just about on a par with Dr. Norton's review of my work. No wonder it was refused publication in the *Homœopathist*, by Dr. Mills, who doubtless estimated it at its proper value.

from the faculty of an institution in which is employed as a text-book a treatise the last edition of which, *published since the appearance of our work*, contains not a few of the very "mistakes" which our reviewer is so fast to proclaim as peculiarities of our work!

The doctor, after stating that "he has carefully read the book from beginning to end, in order to give it a fair review and not do injustice to its author," (which stereotyped form of introduction we are of course bound to believe, in the light of what follows,) proceeds in the usual manner of *fair* and *honest* reviewers to set up "*men of straw*," in order to have the pleasure of knocking them down again—a feat worthy of the renowned knight of the wind-mill! For example, he quotes the following from page 182:

"*Diseases of the lachrymal organs are frequently met with, but inflammation of these parts is comparatively rare. Erysipelatous inflammation frequently occurs at the internal angle of the eye, and the attendant swelling, being situated over the lachrymal sac, may give rise to symptoms resembling, in some respects, those of inflammation of the sac itself, etc.*"

Now, "to show the *fulsity* of this statement," he says, he quotes a quarter of a page of statistics to show that dacryo-cystitis is much more common than "erysipelatous inflammation at the internal angle of the eye!" Well, in the name of common sense, *who ever said that it was not more common?* As our work was written for the general practitioner, and not for specialists, we have faith to believe that the former, though endowed only with "common" sense, will be able to reconcile the above quotation with the statistics which the reviewer, with his very "uncommon" sense, has favored us. With this display of our critic's ability and *fairness* before us, we are fully prepared to appreciate this *magnanimous* conclusion from his pen:—"It is, therefore, proper to assume that this writer did not know of what he was writing, or else that he is unable to diagnosticate inflammation of the lachrymal sac from erysipelatous inflammation of the lids."

Again, he says, we have confounded two entirely distinct diseases, namely, "diphtheritic conjunctivitis" and "conjunctival croup." Well, all we have to say about this, is first, that *we have repeatedly seen and treated the disease as we have described it*; and secondly, *others also have done the same*. We appeal to Stellwag, Williams and others. (By the way, speaking of Dr. Williams, reminds us that, whatever other

mistakes we may have made, *we did not make the mistake* of including our reviewer amongst "the ablest of the American authorities." We referred, amongst others, to this same Dr. H. W. Williams, who, though an old school specialist, is one of acknowledged ability and integrity. Perhaps our reference to this authority, in our article on diphtheritic conjunctivitis, was one of the "mistakes" that our reviewer did not find it agreeable or convenient to allude to. Will the *President of the American Mutual Admiration Society*—the *You-tickle-me-and-I-tickle-you Association*—please enlighten us on this interesting point?)

But to return to our mutton. Our reviewer says, referring to our description of diphtheritic conjunctivitis, "The last or cicatricial stage of the inflammation, which is of prime importance in the diagnosis, *is wholly omitted*; namely, *conjunctivitis diphtheritica always leaves scars*, etc." Now, if the reader will turn to our description of this disease, page 44, he will find, under the head of "prognosis," the following :

"The chief danger lies in the great liability to ulceration and sloughing of the cornea from defective nutrition, the corrosive action of the secretions, and the strangulation of the implicated tissues. As an ultimate consequence, we sometimes have entropium, *the result of contraction and other structural changes in the conjunctiva and tarsal cartilages.*"

So much for what our reviewer is pleased to say is "wholly omitted." We would advise him to put on his spectacles next time, if his defect of vision continues so great that he cannot, or rather, *will not*, see what is there.

The reviewer observes in relation to our description of cholestere in the vitreous, page 146, that "the movement of the crystals in some cases seems to the patient like a shower of stars,"—that, "We would like to see the patient who thus describes his symptoms, for this appearance we have always noticed ourselves with the ophthalmoscope, but have never yet heard of the patient seeing it." Well, we happen to have a patient of this sort now on hand, and if G. S. N., "or any other man," will call at our office we will be happy to take him over in our buggy to the neighboring town of Reading, and show her to him. Sometimes she describes the movement of the crystals as "*little golden angels flying about*," but she has also used the very expression of the text.

Here is another specimen of *fairness*:—He says, “again we notice affections of the eye which are of the utmost rarity, represented as of frequent occurrence; as, for example, cystercercus in the eye, page 233, which is so rarely seen that we believe no authentic case has yet been recorded as observed in this country, while it is by no means frequent even in Germany and the eastern countries, where it has chiefly been found.” In reply we have to say that this is another of Dr. N.’s many “men of straw,” manufactured for no other conceivable purpose than to display his prowess in knocking them down. What we *did* say is as follows:

“*Orbital* cysts also occur, some of which, as above stated, spring from the glandular structures of the conjunctiva, whilst others are developed from the follicles of the lids. The contents of these cysts are of the most varied character, serous, glairy, sanguineous, fatty, etc. Some also contain hair, others hydatids. The hydatids are the echinococci and the cysticerci * * * The *cysticercus* occurs most frequently *within* the eye, etc.”

Now we submit to all intelligent and fair minded persons, that we have in no wise represented the cysticercus as of frequent occurrence in the eye, any more than Stellwag, after saying that the cysticercus has been observed in the orbital tissue, in the cornea, and under the conjunctiva, has done so when he adds that the “*cysticercus occurs far more frequently within the eye.*”

But why continue these illustrations. Have we not abundantly proven that this reviewer is either actuated by unfair motives, or else is grossly incompetent? Doubtless he would rather be considered a *knave* than a *fool*; and he has only his own brilliant genius to thank for the dilemma in which his “review” places him! We have by no means exhausted our subject, for room would fail us to point out a tithe of the fallacies in this so-called “review,” but we have given enough to show how little dependence can be placed upon the fairness of one who, like G. S. N., attempts a role he is by nature or education wholly unfitted to assume. But we can afford to be magnanimous, and forego, for the present, any further exhibition of the professional weakness which the redundancy of material in this review and elsewhere furnishes us of its author.

In conclusion, we admonish him to take heed to his own advice, to-wit, that “those who live in glass houses should never throw stones,” and further, that before again entering the field of criticism, he become more familiar with his subject than is shown to be the case in his review.

C. P. H.

Surgical Observations.

BUSHROD W. JAMES, A. M., M. D., 18TH AND GREEN STS, PHILADELPHIA, EDITOR.

AN INSTRUMENT FOR THE REMOVAL OF FOREIGN BODIES FROM THE EAR.

A boy about five years of age was brought to my office with a matured pea of this years growth in each ear.

I tried all the instruments that could be procured, and had the assistance of two Physicians but could not remove the peas.

We postponed until 4 o'clock P. M., for the purpose of giving him chloroform.

In the mean time I made an instrument with a wooden handle three and a half inches long, about one fourth of an inch in diameter at the large end, tapered nearly to a point at the other. The handle was rounded except three fourths of an inch at the little end. On the four squares I cut, in the direction of its length about midway, a little groove.

I took a stout hog's bristle (Russia is best) and tied one end on one side, and brought the other end back and tied it to the opposite side forming a loop long enough to reach the pea in the ear. On the other two squares I tied another bristle in like manner so as to have the loops cross each other at right angles at the end.

After securing the ends in this manner, and adjusting the loops, I began at the end of the square and carefully wrapped it with a silk thread nearly to the little end. After securely tying near the end I continued the wrapping for three fourths of an inch beyond the stick so as to protect the ear from that part of the loop after it was introduced, and to narrow down the loop toward the end so as the better to enable the operator to introduce it.

The instrument was introduced by pressing the loops at the widest parts with the thumb and finger. Gentle pressure soon carried it to the pea. A rotary motion soon caused the

loops to pass beyond the pea, after which the instrument was withdrawn holding the pea in the folds of the loops.

Two days afterwards I extracted a grain of Indian corn from a child's ear with the instrument.

The angular form of the corn rendered the operation more difficult, but successful. Where the foreign body is not too large or too small, or the parts too much swollen, I know of nothing equal to this simple instrument.

With reasonable care it will do no violence to any part of the ear, and still it is stout enough to remove any foreign body. It is so simple that any one can construct it, and its use will readily suggest itself at a glance.

I am of opinion it will succeed just as well for the nose, and by a modification for the eye, as well as the ear. For the eye lighter material should be used and but one loop.

For the nose cat-gut or something heavier than bristle might be tried.

This "mite" I give to the profession for the benefit of suffering humanity.

S. T. PURCELL, Glasgow, Ky.

THUJA OCCIDENTALIS.

Dr. W. S. Vancleve, M. D., Belleville, Ills., writes to "*New Preparations.*"

I have been 28 days using the saturated alcoholic tincture of Thuja on an old malignant scirrhus cancer, embracing the entire mammary gland of a large fleshy lady 64 years old. The cancer, extending from breast-bone to the armpit, measured 11½ inches, by 6 inches. I had removed the cancerous mass, etc., from over the breast-bone and three ribs, for a space of 5 inches, but found masses of hair-like fibers imbedded in the bone, that all my endeavors failed to remove. I then applied Thuja, which I was delighted to find had loosened the periosteum so it could be raised and clipped off, in 24 hours from first application. I continued its application, and gave it internally twice a day, and have up to this writing, with this result. 2d day I had the ribs for three inches, and across nearly the width of the breast-bone, bare and clean. 4th day found the 3rd rib black, its thin edge and connection with the breast-bone completely detached. 5th day found the upper third of the sternum completely broken from the lower portion and sunk ¼ inch. At each expiration the serum within the chest sprayed out, the 3rd rib rose and fell ⅓ of an inch, rendering it impossible to use the silver plates, as I feared that this

ncessant working might slide them through this large opening into the cavity of the chest. Continued to use Thuja, and sent electric currents along the ribs, and for three days applied the negative sponge, an inch in diameter to the naked investment of the lung. 8th and 10th day new osseous formation appearing along the ribs. 12th and 15th day rib and breast-bone fully united. From this time healthy granulations crept over the sternum and between the ribs, the osteal membrane forming over the repaired bones; and now, 28 days from first using Thuja, I find the entire opening closed with clean healthy flesh. The patient is comfortable and not confined to the house.

I still use the other treatment required; using the Thuja drops and wash twice a day.

NEW MODE OF MAKING AMPUTATIONS HEAL BY FIRST INTENTION.

Among the various new ways of managing surgical wounds, and stumps in amputation, the one suggested by Gaurreau is probably the one best adapted for carrying out the object aimed at. It certainly lessens the danger of septicæmia and also enables the parts to heal with much greater rapidity than the old way of suppuration and granulation. Dr. Ed. Gaurreau, of Quebec, gives the following description of his new method of dressing stumps: "We shall suppose an amputation at the wrist, I apply the tourniquet over the Brachial artery; I cut my flaps very carefully, that they may adjust as closely as possible; and I bring the divided parts together, and keep them in apposition by means of strips of linen one inch in width, soaked in a solution of equal parts of tincture of muriate of iron and water. I lay my strips first horizontally, and then spirally, using moderate and uniform pressure, so as to prevent subcutaneous oozing of blood, and I further saturate the compresses with iron. I now slightly turn the screw of the tourniquet, to allow a little blood to reach the bandages. The blood coming in contact with the iron undergoes a chemical change, and forms a thick adhesive mass which closes the lips of the wound, and excludes all contact of air. Shortly afterward I remove the tourniquet, when no hemorrhage can take place, owing to complete closure of the wound, and thorough compression over the veins and arteries. To ensure the latter effect more thoroughly, I previously envelope the limb up to the elbow with rollers of bandage firmly and moderately placed from below upwards. As regards the use of the tourniquet, perhaps it would be better still to substitute Esmarch's elastic bandage. The points of practical importance gained by the method I submit are the following: The wound heals by first intention; the healthy living tissues uniting without suppuration, or, in other words, no "putrefactive fermentation" takes place, just the same condition—the aseptic—as claimed for Professor Lister's method; the non-use of ligatures and sutures, a frequent cause of septic mischief; and last though not least, its simplicity and astonishing results."

Materia Medica.

PROF. S. A. JONES, M.D., ANN ARBOR, MICH., EDITOR.

RHUS DIVERSILOBA.

*The Poison Oak of California ; With Illustrative Cases.**

BY J. MURRAY MOORE, M. D.

Among the novel studies in his Californian experience of the medical stranger from Europe, none are more interesting to the homœopath than the phenomena produced on many persons of a special susceptibility by contact with the common shrub called poison-oak (*Rhus diversiloba*). Practitioners coming from the Eastern or Western States of the Union are less surprised than the European, because familiar with similar, though less intense symptoms derived from the "poison-ivy" (*Rhus radicans*), indigenous to those States, while Southerners are well acquainted also with the like effects from the poison-sumach or poison elder (*Rhus vernix* or *venenata*.) Hoping that this subject, not quite so trite as many, so far, might present some novelty of interest to this society, and that the provings or cases which follow may be useful as confirming some parts, the skin symptoms especially of our pathogeneses of *Rhus toxicodendron* and *Rhus radicans*, I have collected in this essay all the facts that came within my own cognizance relating to it, and have condensed whatever trustworthy information was accessible to me during my three years sojourn in California.

So general is the interest in the matter in San Francisco society, that often is the innocent guest of lavish Californian hospitality at dinner-party or ball startled by the abrupt question, "Do you poison?" from some fair one. He is ready to indignantly repudiate the insinuation, not imagining that an *intransitive* verb is used by the always-abbreviating Americans, when it is quickly explained that "no offence is meant," but that, instead of the very uniform weather, a more lively subject of common-place talk, namely, whether he has found himself susceptible to the virus of the poison-oak or not, has been launched into the conversation. To the ladies, especially, the burden of danger from exposure to the shrub is a greivous one, for it produces an erysipelatous inflammation of the face, neck, and hands, so disfiguring as to enforce seclusion for many days, even weeks, from society, and shuts out those liable to the poison from all country picnics and excursions during the dry season.

From the recently published "Botany of California," we learn that scientific botanists have identified the poison-oak or Yeara as the *Rhus diversiloba* (or *lobata*, according to Hooker), belonging to the

* Reprinted from *The Annals of the British Homœopathic Society*, August, 1878.

Exogenous Natural Order Anacardiaceæ, whence we derive our Anacardium. This is Lindley's arrangement, but Sir W. Hooker places the *Rhus lobata* in the Terebinthaceæ of Jussieu.

It is a shrub growing from three to eight feet high, the stem slender and erect, or stouter and climbing by rootlets; leaves (of which I have here some specimens) ovate, obovate, and elliptical, one to three inches long, obtuse or rather acute, three-lobed or coarsely dentate, or sometime entire, the lobes and dentation being obtuse, of a smooth glossy green on the upper surface, slightly downy and paler below, after July turning to a dark red color, mottled with yellow. Flowers in pedunculated panicles, whitish, one and a half inches long; fruit a berry, two to three lines in diameter, somewhat compressed. *Rhus diversiloba* resembles the other members of the rhus family, but it is distinguished from *Rhus toxicodendron* and of the Atlantic States and Canada by the acuminate leaflets sharply toothed or entire; the nearly sessile panicles of flowers; and the more dense fruit of the latter.

It is probable that our *Rhus radicans* though separately proved, is merely a climbing variety of *Rhus tox.*, and not a separate species of *rhus*.

Rhus venenata (Varnish tree) the most nearly akin in poisonous action by contact, &c., to the subject of this paper, is yet sufficiently distinct, botanically, by its pinnate leaves, with three to six pairs of opposite leaflets, besides the terminal one, its greenish flowers, and the milky, highly acrid juice which exudes from incisions in its bark.

The habitat of *rhus diversiloba* extends over the whole Northern Pacific Coast, from British Columbia down to Southern (Mexican) California, growing most abundantly on the coast range of hills from near the sea-shore up to an elevation of 3,000 to 4,000 feet. The thinnest soil is sufficient for its nourishment, even the sandhills on which the city of San Francisco is rapidly extending itself towards the west affording a plentiful crop, a far from enjoyable illustration of Horace's "*R(h)us in urbe*" But in the more fertile volcanic-alluvial soil of the country it flourishes, the bane of farmers, rooting itself so firmly in the soil as almost to defy extirpation, and menacing all who rashly interfere with it, of human kind, with erysipelas, though cattle, horses, and sheep eat it with impunity. Of country places where I have known it to be really virulent, the best known are Menlo Park (thirty-two miles south of San Francisco); Oakland (across the bay, east of South Francisco); Saucelito, north west; Mare Island and San Raphael, north of San Francisco; all lovely spots for summer excursions, but where, if I may be permitted to paraphrase the poet—

"Every prospect pleases, but only *Rhus* is vile."

The shrub is a perennial, beginning to shoot up afresh in February or March, according to the earlier or later rainy season, and has proved very virulent to my friends in the former month. But in the experience of most physicians, the emanations affect the majority of vic-

tims in April, May and June, the latter month being flowering time. In fact, during each month in the year, except November, December and January, this plant is dangerous, and one of my "provers" was poisoned even in the last-mentioned month.

Those individuals whom I have known to be unfortunately gifted with this special susceptibility, have been light or brown haired, of fair complexion, not always thin skinned, of slender build, but not always of delicate constitution, and the males have been the more numerous of the two sexes. Those who have recently arrived in the State, and do not recognize the shrub, fall the easiest victims, by contact or proximity, or breathing the circumambient air. Natives of the United States and of all parts of Europe are equally liable, but native born Californians, of whatever race, seem exempt, for even children can handle and chew the leaves—the most virulent part—with impunity. For myself, I have been so fortunate as to escape completely, though I have climbed a mountain of 4,000 feet, crushing aside the bushes of *Rhus* with bare hands, while perspiring freely, and have reclined for hours in their shade. But some of my acquaintance have been poisoned even by the dust of the road, blown off the shrub upon them while travelling outside a coach (in California "a stage"); and Mrs. L—, the lovely wife of a well-known millionaire, is powerfully affected by getting to leeward of it, or by the smoke of any burning bushes. We are reminded of the special susceptibility of certain persons in our own country to that specific irritation of the respiratory mucous tract called hay-fever, or summer catarrh. But the California "summer," more properly the dry season, lasts from the beginning to the end of October, and a very much larger percentage of the community suffer from poison-oak than among us from hay-fever. Seeing that a relaxed state of the skin-pores, as when perspiration is going on, strongly favors the absorption of the poison, I conclude that the morbid agent must be to a large extent volatile, perhaps an essential oil, like bergamot, or a camphor resin, like Eucalyptol, from the Australian gum-tree. But no chemist has yet isolated the poison. It may be that when we have had the patient research and ingenious experimentation of a Blackley (sen.) directed to this subject, the irritative agent may be found to be some kind of microscopic sporule, which by penetrating a thin epidermis, or by insinuating itself into the open or relaxed sudoriparous glands, may occasion the very disagreeable phenomena of "*Rhus* toxication."

All practitioners who have treated such cases admit that in some persons the virus and its sequelæ are extremely difficult to eradicate from the system. It lasts with them for years, breaking out every year about the same month when it was caught, and no number of attacks seems to inure the constitution or protect against fresh infection. Dr. Max Werder tells us of a man who was poisoned in California in September, went back to the Eastern States, had an annual eruption of *Rhus-erysipelas* for six successive years, and during the seventh attack was carried off, by a pneumonia, which would not have

been fatal, probably, to him when in his ordinary health. Many sufferers cannot take a hot bath above 100° Fahr., without an efflorescence of the poison. I cannot help comparing this latent poisoning to those effects that we see in some cases of impure vaccination, when the latent struma of the infant is roused in such a way as to produce for many months crops of papules, swollen glands, etc. In fact the poison-oak dyscrasia might seem in one case to have been transmitted to the foetus, although the mother could not have been exposed to any of the bushes for at least five months before conception. Within ten days after its birth the infant's skin displayed a few characteristic vesicles scattered about. Both parents were quite free from scrofula or any other taint, but the mother had been several times poisoned. The first crop of vesicles slowly disappeared, but after vaccination (with the purest bovine lymph) they reappeared and lasted for two months. I ought to have stated earlier that even the tough, yellow hide of the "heathen Chinese" is not proof against the *Rhus*, hence the difficulty land-owners experience in getting this shrub rooted out of the soil by their Chinese gardeners. I must now give three provings I have selected in a narrative form, apologising for lack of full information in the third, as my notes of it at the time were not intended for homœopathic literature. I have refrained from giving any general description of *Rhus* poisoning, because the following cases convey the idea more graphically.

PROVING NO. I.

In February, 1876, E. B. M—, a slight, brown-haired, but not fair-complexioned lady of twenty-five, walked up a hill at San Raphael, fifteen miles north of San Francisco, on a warm morning, and while perspiring freely gathered ferns which grew among the poison-oaks. She did not handle the leaves of the latter, though she must have often touched them. About this time of the year the young leaf-shoots are beginning to sprout, and the California sun-rays being as powerful in February as in July, their virus is pretty energetically developed. E. B. M— proved very much infected—quite unknown to herself—for on the next day (Saturday), having returned to the city, she felt in the afternoon chills and feverishness by turns, and general malaise. Next day (Sunday) she awoke feeling really ill. She had a dull frontal headache, anorexia, nausea, stiffness of the limbs, extreme languor, and an eruption of itching red papules behind each ear and on the neck. On Monday these papules enlarged and became more numerous, and the eyelids were red and œdematous. Face was red and swelled; the cervical glands became tumid and slightly tender. On rising from bed she fainted, and again later in the day syncope came on. On Tuesday the rash had extended all over the face, over the hands, between the toes and the thighs. The itching was becoming more and more intolerable, and partook of a burning character; the nausea continued, and vomiting occurred this day. During this day and the two following the urine was scanty,

high colored, and passed with a feeling of heat in the urethra. Bowels were costive all through the attack. About the fifth day from their first appearance the papules had become vesicles, which rapidly coalesced on the face and burst, emitting an acrid serum, which, on drying formed a crust, so dense as to make the movement of the facial and buccal muscles painful. The nose and lips were much swollen. The œdema of the eyelids was so great as to close up the left eye entirely and the right partially. The burning and itching were somewhat relieved after the breaking of the vesicles. The acute stage was now over (six days after the commencement,) but the cracking of the crusts over the face, etc., occasioned such disfigurement that the lady was confined to the house for a fortnight more; by that time all traces of the skin erysipelas had disappeared, only an unusual irritability (to flannel, etc.,) of the integument remained, and a hypersensitiveness to cold air. The treatment was mixed. On the third day a homœopathic physician was called in, who prescribed *Sulph.* 200, and a weak *Arnica* lotion, neither of which relieved any one of the symptoms. A very low diet was ordered and adhered to throughout, when the acute stage was over steam-baths were taken, the first two being followed by a sulphur and bran bath. These baths relieved the itching temporarily, but extended the vesicles over the body and legs. She felt very weak afterwards. A second attack in August, 1876, from a slight exposure to the shrub at Menlo Park, an open flat country, thirty miles south of San Francisco, abounding in scrub-oak, poison-oak, tarantulas and gophers (a kind of mole), was promptly checked by the local use of *Camphor* dissolved in *Arnica* tincture. The erysipelas of the face, however, was very intense for four or five days, and *Rhus* 200 materially relieved it.

A third and a fourth attack in September, 1876, were promptly checked (as to the face symptoms) by the same lotion; and, so far, it has proved the only abortifacient of the *Rhus-erysipelas* I have known or heard of; but it is too strong for many people's skins, and must be used with great caution. The virus must have remained in her system for about five months afterward, when in the city, namely, in February, 1877, a fifth attack came on, without any fresh exposure, shortly after taking a bath rather too hot. One of the earliest symptoms this time was the peculiar rheumatism of *Rhus*, affecting the legs chiefly, a stiffness of all the joints on first moving them; aching pains in the joints, constant feeling of lameness in the legs. The vesicles that appeared during the first two days were few and scattered, and strongly resembled the eruption of chicken-pox. There was a slight amount of pyrexia. *Clematis erecta* 200, and afterwards *Sulph.* 200 were prescribed by her homœopathic physician without benefit. After an illness of nearly three weeks, during which the rheumatism and derangement of the whole digestive system was very much marked, a course of four Turkish baths rapidly restored the health and the smoothness of the integument. Since that time no exposure having taken place to the *Rhus*-emanations, this lady has remained free from

any sign of its baneful influence, but it is not too much to say that she dreads the poison-oak more than the earthquakes of California.

PROVING NO. 2.

John W—, a light-haired, robust Englishman, of 23, with pock-marked face, a newly arrived immigrant, was traveling as colporteur in Napa Valley, one of the most fertile in the State, about fifty miles north of San Francisco, during the middle of January, 1876. The weather being warm in the intervals of the showers, he got much heated while carrying his pack up and down the hills, on which the poison-oak was abundant; he lay down among them while sweating, and once or twice relieved the bladder there, quite ignorant of the risk he was running. He proved to be a sensitive, for on the 13th January, the day after he had last been among these bushes, heat and itching of the scrotum and inner adjacent surface of the thighs commenced, worst on the hairy parts. Next day the characteristic papules, on a base of diffused redness and œdema, appeared on the forehead and neck, rapidly spreading in all directions, and accompanied with heat, itching, and burning, but with very little general pyrexia. The urine was not high colored, but felt "hot" when being passed. The digestive system was not disturbed much, only loss of appetite being experienced. The itching was relieved by cold, but aggravated by heat, warmth, and rubbing or scratching; his head felt hot, but did not ache. He consulted me for erysipelas, but I was by this time familiar enough with the phenomena of poison-oak to identify the nature of this peculiar "erysipelas," the history of the attack making the diagnosis absolutely certain. Not having had a case to treat thus far, I gave him *Veratrum viride* θ , in one third of a minim doses, without hunting about for a more exact simillimum; I ordered also a lotion of *Sulphate of Magnesia* (3 ss to $\overline{3j}$ of tepid water) to assuage the irritation locally. After commencing this treatment the erysipelas continued to spread for a few hours, reaching the ears and the mouth, and then seemed entirely checked, gradually subsiding from about six hours after the first doses of *Veratrum viride*. Within three days all the rash and other symptoms had completely disappeared, leaving only a slight scurfiness of the forehead. But the poison still lingered in the system, for, two days after ceasing the medicine, a relapse, not severe, occurred, and once more the same remedy quickly arrested it. No return has been experienced. The papules in this case did not develop into vesicles, and I ascribe this not so much to the possibly less intensity of the infection as to the effects of the remedy.

PROVING NO. 3.

Wilson K—, æt. 10 years, of pure blonde type, with thin freckled skin, born in England, was poisoned while playing on some sandhills in the rear of Post St., San Francisco, in February, 1876. He plucked some of the leaves, but threw them away quickly. However

within eighteen hours his face had become red, inflamed, and hideously swollen, his eyes being both quite closed, and the itching and burning were most distressing. The local erysipelas and œdema lasted one week, the papules developing into vesicles, which became confluent and followed the same course as in Proving No. 1. The general eruption extended over the whole body, and did not disappear for five weeks. A medical man of the old school attended, and ordered a salt-and-water lotion, and an occasional saline aperient. The salt lotion relieved the itching of this the first attack, but failed in two subsequent attacks. I heard this month that the boy had now apparently attained immunity from the poison-oak.

Had I entertained from the first a fixed purpose of following out this (to me) interesting subject of poison-oak, I could have annotated numerous other accidental provings, but I must ask the Society to be content with the foregoing three, the accuracy of which I vouch for. It will be found that they corroborate the following symptoms, as given in "Hull's Jahr," edition 1862.

A. RHUS TOXICODENDRON.

1. *General*.—Chilliness, followed by feverish heat; languor; debility. Great languor of the whole body. Sudden paroxysms of faintings. Weariness of the lower limbs. Stiffness of the limbs on first moving them. Lameness in all the joints, worse on rising from a seat after having been seated for some time.

2. *Skin*.—Itching of the body. Burning itching here and there. Burning, itching, eruptions, *particularly on the scrotum*, prepuce, eyelids, and eyes, with swelling of the parts, and small yellowish vesicles, which ran into each other, and became moist. Confluent vesicles, most of them containing a milky or watery fluid.

3. *Face*.—Erysipelatous inflammation of the face, with swelling also on the neck. Swelling of the face, particularly of the eyelids and lobules of the ears. Pale swelling (of the face), with burning closing of the lids and lachrymation, followed by an eruption of vesicles filled with a yellowish liquid.

B. RHUS RADICANS.

The pathogenesis of this drug being so very similar to that of *Rhus tox.*, I will not repeat the symptoms confirmed, except these two, namely—

Œdematous swellings of the eyelids with smarting; and
Redness and swelling of the eyelids with itching and burning.

ANTIDOTES.

Are there any antidotes, it may be asked of me, to this vegetable irritant poison? It is a popular belief, so widely extended throughout California that there may be some foundation for it, that chewing the leaves, or even eating one leaf or so, will protect from the dangerous

effects of the plant. But I have not been able to trace out a single authentic case of such protection, though I have diligently sought for one. A prophylactic, still on the principle of "a hair of the dog that bit you," recommended by some of our school with success, is a morning and evening dose of *Rhus. tox.*, 3 or 1, continued all the time during which a patient is in a dangerous neighborhood. My friend, Dr. Eckel, who has had as many as ten or twelve cases at the same time under his care, has thus protected a sensitive lady patient so successfully, as to enable her to pass two summer seasons in the country in comfort, for the first time in her life, without an attack.

TREATMENT OF CASES.

Perhaps a short summary of the treatment adopted in California of these cases may not be superfluous.

As the process of elimination from the system of the poison of the skin chiefly, and the kidneys secondarily, is very painful and disfiguring, almost all sufferers resort to the doctor, unless they buy and use some patent nostrum, some of which are, undoubtedly, soothing and beneficial to the skin. Steam and Turkish baths are much resorted to as soon as the patient is able to go out of doors, and they prevent the system, in especially susceptible patients, from becoming deeply and chronically affected. Yet, in some persons, these baths weaken too much in the California climate, where it is dangerous to relax the skin-pores. It may be that, in time, some kind of medicated bath will be invented which will, in the acute stage even, soothe the irritation, eliminate the virus, and brace up the skin-pores again, so as to almost make them proof against further infection.

The old school physicians use various lotions or liniments, each according to his notion, and usually order mild aperients.

Homœopaths also order lotions, though not invariably, to satisfy the cravings for local alleviation. The best are—1. A decoction of the leaves of *Grindelia robusta*, or gum plant. 2. The solution of *Camphor*, in *tinct. Arnica*, the strength uncertain, to be used cautiously in the early stage only.

The following compounds are also used by various colleagues: *Vaseline*, *Glycerole of Bromine* (mvij to 3iv), *neutral Salicylate of Soda*, *perchlorite of Iron*, *Sulphate of Iron*, *oxide of zinc*, *bicarbonate of soda*, *common salt*, *sulphate of Magnesia*, *bran water*.

The internal remedies most favored are:—*Rhus tox.*, 3 or 200; *Croton tiglium* 3; *Arsenicum*; *Graphites*; *Sulphur*, 200; *Clematis erecta*, 200; and *Bryonia*. None of my colleagues use *Veratrum viride*, though I found most satisfactory results in Proving No. 2, nor do they use *Arnica* as an internal remedy, though I think it would prove a good similar.

In conclusion, I will not intrude further on the time of the meeting by dilating on the tempting subjects that arise out of this paper, such as the curative relation of *Rhus tox.*, high or low, to the pathogen-

etic effects of its near ally; the contrast and resemblance of Arnica erysipelas to that of poison-oak; the possibility of *rhhus diversiloba* becoming an additional remedy for erysipelas and acute eczema; the very near resemblance of *Rhus diversiloba* to *Rhus venenata*, physiologically, etc.; all of which may form topics for discussion.

I trust that my description and the specimen leaves shown will enable any one present who may visit California to recognize and easily to avoid this baneful shrub; and I cannot but congratulate our dear old England on being free from such a bane to country places; for the virulent effects of poison-oak are to many residents and visitors a most serious counterpoise to the delicious climate and magnificent scenery of that wonderfully attractive State—a State which, in spite of rascally stock-jobbing and anti-Chinese riots, in spite of overcrowding rushes from the East and West to its one great city, is now the most prosperous State of the Union, whose capital will, so long as the Isthmus of Darien remains uncut by a canal, become the great Liverpool of the Pacific Ocean.

THE GENIUS OF THE HOMŒOPATHIC HEALING ART. Preface to the Second volume of the Materia Medica by Samuel Hahnemann. Translated by Dr. Ad. Lippe Philadelphia, 1878. Published in THE ORGANON, July 1st, 1878, Philadelphia, James A. Moore, Printer. 1220-1224 Sansom Street, 1878.

We now have three English translations of this somewhat celebrated tractate; the first by Dr. Hans B. Gram in 1835, the second by Dr. R. E. Dudgeon in 1851, the last by Dr. Ad. Lippe. Apart from any intrinsic merit as an exposition of Hahnemann's philosophy, this essay should have an especial interest for the American homœopathic physician. It was the *vox Clamantis* in 1835, for Gram addressed his translation to Dr. Hosack with the fond hope of an ingenuous heart that the *Geist der homoopathischen Heil-Lehre* would "pierce the dull cold ear" and make the dry bones in the valley thrill with the new life *he* had found. Alas, poor Gram! instead of life he found only eyes that see not and ears that hear not, and *his* fervid convictions received only the proud man's scorn. When a great heart is interpenetrated, taken possession of by a truth, if it *be* a great heart it never will, never *can*, keep its treasure to itself. No, the truth is the manna dropped from Heaven

to feed famishing souls. Husks which swine eat there be in plenty, but manna, Heaven-truth, O starving soul is it not a white-stone day when *that* falls on the earth! When such a heart sees the feast declined, the Heaven-food refused, what *can* it do but go its way Eternity-ward leaving swine, husks, and all save the truth behind.

He was saddened. Those who knew him say it seemed as if a great shadow had fallen athwart his life. Saddened indeed! Pray tell me what conceivable journey is so unutterably sad as when one man walks grave-ward *alone with a truth?* Of all spectacles in this Vanity Fair of ours is not this the saddest? But, Saddened Heart, will not the *source* of truth take care of it? *Qui transtulit sustinet?* Aye, brother, to the end of time, and *beyond*. The husk-fed never think of *that*.

But a truth in the mind of one earnest man is like the Banyan tree—a new branch to-day is a new root to-morrow, and each day is an ever-multiplying progression until, at last, it defies the hurricane and shelters a nation beneath its boughs. A truth standing sublimely alone in the world's market-place to-day has h companion there to-morrow, and, lo, the two become four, eight, and the eight sixteen, as if a divine conjunction of truth and the four and man had made virtue contagious. A *truth* is freighted with just so much of God's purpose, and is set adrift, and be the night never so dark, the storm never so fierce, *it has God's omnipotence with it*, and *when*, O husk-eating majority, *when did such an argosy suffer wreck?*

But poor Gram could not cunningly *voice* the truth. Its *geist* filled *him*, and he did his best with a strange tongue; still, Hahnemann's *Essay*, in Gram's English, is like Ulysses in rags—and the husk-fed have not argus-eyes!

It would be a gracious tribute to the memory of Gram if the *North American Journal of Homœopathy* would reproduce this his effort in *fac simile*. Suppose it is not mellifluous, only rude, inarticulate mutterings, it still shows how the truth stirred

him, gave him no rest until he had tried his utmost, in even his lame way, to communicate the glad tidings to all that priesthood which has the Christliest privilege—to relieve suffering.

Sixteen years later came Dudgeon's translation, which the reader will find at page 696 of *the English edition* of Hahnemann's *Lesser Writings*. Just here a righteous indignation will out, Only for a mean, niggardly and hell-despised piracy, you and I and all English readers would have had the whole of Hahnemann's writings in our own tongue. But that trade spirit that soulless something which enables a nondescript to "botanize upon his mother's grave," laid hold of, appropriated, *stole*, (thank God for the sinewy Saxon!) Dudgeon's translation of *The Lesser Writings*.

The English publisher suffered loss for an honest, a commendable venture. The American thievery-product found its way to the paper-mill—thank God for that, too!

Yet, without an absolute *assimilation* of the *Lesser Writings* no man can *be* "from the very ground and bottom of his heart" (to use Tyndale's phrase) *a homœopath*. Without this knowledge he is only spoon-fed, an edentulous creature whose food is chewed and insalivated for him. These are they whose faith is soon atrophied by a mental marasmus, and, as the mal-assimilation progresses, oh, what sorry stuff "passes" them; and at last the poor things get so low that even the truth cannot nourish them—finding, indeed, no place whatsoever for itself *in them*. These *Lesser Writings* will also subserve another purpose, namely: reprove that narrow-mindedness which would differentiate itself in the very *Organon* for which Dr. Lippe has translated the essay under notice.

Did Dr. Lippe or Dr. Skinner—the apostles of this hide-bound exclusivism—ever read these divine words in the *Areopagitica*:

"And though all the windes of doctrin were let loose to play upon the earth, so Truth be in the field, we do injuriously by licensing and prohibiting to misdoubt her strength. Let

her and Falsehood grapple ; who ever knew Truth put to the wars, in a free and open encounter. *Her confuting is the best and surest suppressing.*" *

What shall an ingenuous man do about the *dose* if he read Hahnemann's paper on *Some kinds of Continued and Remitting Fevers ?*" But let me cite the text of Dudgeon's translation :

"*Camphor* * * * surpassed all the expectations that could have been formed of it ; it was efficacious, and I may say specific, in all stages of the disease, accompanied or not by fever, especially when it was given as early as possible and in *large doses.*" †

"At the commencement I was very cautious in its use, and did not give to adults above from *fifteen to sixteen grains per diem*, in almond-milk ; but I soon perceived that in order to produce a speedy recovery, it was necessary to give, even to weak subjects, *thirty grains, and to more robust individuals, forty grains in the twenty-four hours.* The favorable result was never long delayed ; the constipation ceased ; the bad, or at least the bilious taste, rapidly went off, together with the nausea and discomfort ; the weight and pain in the head diminished from hour to hour ; the febrile rigor was smothered in its birth ; the heat diminished ; and in those cases where there had been no perspiration, or where it had been abundant, there occurred a mild general diaphoresis, with diminution of all the drawing tensive pains in the external parts. The strength soon returned along with appetite and sleep ; the despondency changed into strength and hope, and *the patient recovered his health without a drawback.*

"I am afraid, that this rapid disappearance of the symptoms, the yellow, brown or black coating of the tongue, the nauseous and bitter taste, the constipation, and the sickness, removed often within the twenty-four hours by the use of camphor alone, *given in large doses*, will not please the orthodox partisans of the Saburral school. Nature, to be sure, often refuses to conform to the requirements of systems ; the more's the pity for the dogmatic physician who attempts to fight against her !

"When I had been summoned in time, and the disease, in spite of the gravity of its commencement, had radically disappeared at the end of four days, or six at the most, *there did*

* I have retained the spelling of the original text.

† All the italics are mine, put in to make the *fact staccato* !

not remain a single morbid symptom, not even lassitude." *Lesser Writings*, p. 390.

O orthodox partisan of the *Saburral-Organon* what wilt thou, what *can's't* thou *do* with that?

Every requirement of the "cure" is met; the *cito*, the *tuto*, the *jucunde*—thanks to the "almond-milk!"

"Ah, but those cures were made in 1798," says our *Saburral Organonist*.

So they were, but the *Essay on a New Principle for Ascertaining the Curative Powers of Drugs* was published in 1796, and we know that the clear light of *Similia* guided him who gave forty-grains daily of crude camphor "in almond milk." What matters it that your suspicious "c m" might do it, aye even *would* do it—the forty-grains DID DO IT, and did not leave behind "*a single morbid symptom, not even lassitude*," unless your Master and mine was a liar.

When in these later years—riper years some deem them—our "double-headed prodigy of learning and philosophy" had put forth the last edition of his *Organon*, did he not forget that fresh and strong clear-sightedness which said, "Nature, to be sure, often refuses to conform to the requirements of systems!"

I am afraid, dear reader, that in our own Hahnemann the philosopher of the 18th century dwindled into the cobweb-spinner of the 19th. Alas for poor human pride, he who begins his career as Nature's servant grows large with his own imaginings and essays to be her master—"the more's the pity for the dogmatic physician who attempts to fight against *her*."

And to think of the sorry pranks this dose-bugaboo has played with us! Look at Hahnemann's *Opium*. He, with all his subtle insight, no more comprehended the splendid possibilities of Opium than a cannibal can grasp the glories of the Apocalypse.

See how he spake when he had become *magister naturæ*: "Opium is the only drug which is incapable of curing a single pain, for this reason, that it does not produce any kind of pain

as a primary symptom, but on the contrary *insensibility*, which is necessarily followed by an increase of sensibility, as a secondary effect, and a corresponding increase of pain."

Does Nature, with her grim contempt for the "requirements of systems," recognize the primary symptoms alone as of curative potentiality? Is Hahnemann's "primary symptom" anything other than a *Phantom of the Theatre*? * Is a condition of *insensibility* "necessarily followed by an increase of sensibility?" Is *pain* an "increase of sensibility?"

But—to find "fables of theory" in *him*! O "orthodox partizans of the Saburræ school," be it known that *all* Saburræ are not *Cruditates ventriculi*! One cannot find the "like" by belly-logic, and certain it is that such logic has not yet found the "like" of the supreme agony of a migrating gall-stone. Alas, it is possible to mistake an *ignis fatuus*—a bog-born sprite—for a heaven-born *geist*, and when *that* is done we are led into a slough and can only flounder.

* * * * *

Remembering Dr. Lippe's nationality it is hardly a disparagement to say that Dudgeon has better rendered the *spirit* of the Master's essay. If the conditions were reversed, and English thought were to be reproduced in Dr. Lippe's mother tongue then the palm were surely his.

Take one significant word in the title of the Essay—*geist*, Lippe renders it, "*The genius*;" Dudgeon has it, "*The Spirit*." *Genius* is an earth-product. *Spirit* is a subtle something—the *life* of a thing. The *genius of an art* is only the fashion of it, the peculiarity of it, the mint-mark. The *Spirit of a Doctrine*—man never made *that*; it is the *life* of a doctrine, the *something* which no man can put in, which all men cannot kill.

"The Genius of the Homœopathic Healing Art" says one; "The Spirit of the Homœopathic Doctrine" says the other. If

* But the Phantoms of the Theatre are not inborn, nor have they crept secretly into the Intellect. They are openly put in and received from the *fables of theory and perverse laws of demonstration*. *Novum Organon*, Book 1, ¶ 61.

the subtle felicity of the Englishman's rendering has not penetrated you, O patient reader, you must—but, it *has*.

The first period of each translator will serve to make evident that a similiar perception of the *geist*, of the spiritual sense is characteristic of Dudgeon's rendering,

DUDGEON.

It is impossible to divine the internal essential nature of diseases and the changes they effect in the hidden parts of the body, and it is absurd to attempt to frame a system of treatment on such hypothetical surmises and assumptions; it is impossible to define the medicinal properties of remedies from any chemical theories or from their smell, color or taste, and it is absurd to attempt, from such hypothetical surmises and assumptions, to apply to the treatment of diseases these substances which are so hurtful when wrongly administered.

LIPPE.

It is impossible to guess at the internal nature of diseases, and at what is secretly changed by nature in its organism, and it is folly to attempt to base the cure of them on such guess-work and such propositions; it is impossible to divine the healing power of medicines according to a chemical hypothesis or from their colors, smell or taste; and it is folly to use these substances (so pernicious when abused) for the cure of diseases based on such hypothesis and such propositions.

Alas, it is *not* impossible to *guess at* the internal nature of diseases." What is the history of medicine but an abysmal quagmire of such guessing!

Dr. Lippe's aim more than atones for any lameness of language and if even the party spirit which has given birth to a pharisaical †*Organon* shall call attention to Hahnemann's *Lesser Writings* it will have found its fittest apology. S. A. JONES.

TAPE-WORM—RAPID EXPULSION OF.—Dr. Pauline in a communication to the *Allg. Med. Central Zeitung*, No. 21, 1878, narrates a case in which the action of the anthelmintic was remarkably prompt. One of his convict patients having informed him that he was suffering from tape-worm, he immediately ordered the following: R Flor. 3 Kouso 3 vj, Kameela iv. Half of this powder was taken immediately in water; this was at eight o'clock in the morning. At nine o'clock he took a dose of Carlsbad salts, and one hour latter, the remaining half of the powder. No nausea or vomiting was produced. About half after eleven o'clock, free evacuation took place and in the stool was found a coil of several tape-worms. Four heads of the *tænia solium* were discovered in addition to a large number of lengthy segments.

† Luke, xviii—11.

Miscellanea.

TO THE HOMŒOPATHIC PHYSICIANS OF THE STATE OF NEW YORK :

At the April meeting of the Homœopathic Medical Society of the Co. of Kings the following resolutions recently adopted by the Homœopathic Medical Society of Middle Tennessee, were offered :

"In view of the evident misunderstanding of the true sphere and Therapeutic requirements of the Homœopathic law, and the discords arising therefrom, notably in the Societies of New York :

RESOLVED.—1st.—That we affirm and publish our full confidence in the law *Similia* as the paramount guide in special Therapeutics, where pathogenetic means alone are to be employed.

2nd.—That we also proclaim our reliance upon the laws of Chemistry, Mechanics and Hygiene or Physiology, as guides in the use of means not pathogenetic, and in the adoption of measures to correct the excess or deficiency of things requisite in health, and to remove the known causes and products of disease.

3rd.—That we deprecate all efforts on the part of Societies to adopt creeds and platforms, limiting the freedom of educated Medical Men, believing as we do that the responsibilities of the practitioner are essentially personal, and that the art of healing is yet imperfect and progressive."

At the May meeting the following resolution was offered by Dr. Minton.

WHEREAS, That Homœopathic Medical Society of the State of New York, at its last annual meeting held in the City of Albany on the 12th and 13th days of Feb. 1878, did enact a resolution inimical to Homœopathy, one in fact virtually ignoring the law *Similia Similibus Curantur* therefore

RESOLVED, That the Homœopathic Medical Society of the County of Kings do hereafter withhold all pecuniary aid and assistance from said State Society until such resolution has been rescinded and stricken from its records."

This resolution was laid on the table for one month, at which time it, together with the resolutions of the Tennessee Society, and those of the New York State Society were referred to a Committee to report at the July meeting.

At the said meeting the following report offered by the Committee was unanimously adopted and ordered printed for distribution to the Homœopathic Physicians of the State. Also ordered that copies be sent to the Executive officers of the State Society.

The following are the resolutions of the New York State Society referred to above :

WHEREAS, There are some physicians who by injudicious action have bred dissension in our ranks in which the utmost liberty of opinion and action should always prevail, and

WHEREAS, We deprecate such action as neither conducive to professional harmony, not tending to the advancement of medical science; therefore,

RESOLVED, That in common with other existing associates which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*Similia Similibus Curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the

results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

REPORT.

The committee to whom was referred by this Society at its meeting of June 4th, inst., a resolution of the State Homœopathic Medical Society of New York, passed at its last annual meeting, and resolutions passed at Nashville, Tenn., in general accord with it, and also a resolution offered to this society by Dr. Minton, for its adoption, have attended to the duty assigned to them, and present the following to the Society as the result :

In considering these subjects your committee were impressed by the indefiniteness of the ideas of the authors of the two papers which have received the approval of honorable societies. It is from this sanction these papers have derived their only possible importance. Having been adopted by these bodies as an expression of their views of duty, the inference is fair that like indefiniteness pervades the membership of these societies to an extent that gives to the fact a general interest. We refer to indefiniteness of ideas as to the nature, scope, and authority of that which both profess very heartily to believe in, viz.; the homœopathic formula, *Similia Similibus Curantur*. From their resolutions it appears that they hardly regard this as a law, but rather as a very good rule which it is best to speak well of, and respect so far as this may be convenient. Indeed, they admit this to be "the best general guide in the selection of remedies," and yet only a guide which may be set aside at will by the prescriber whenever he may be tempted so to do, by supposed teachings of "experience," his own or that of others, or by any other consideration which may for the time impress his judgement in favor of this or that measure, though this may be wholly foreign to the domain of this law, and have no relationship to it whatever. This we understand to be the doctrine of these resolutions. The fact being so their authors stand by them convicted of the indefiniteness we have charged, *i. e.*, indefiniteness as to the answer to this question—*What is Homœopathy?* They seem to be wholly unaware, while expressing their belief in this "best guide," that Homœopathy is *the Science of Therapeutics*, and that there is no other. It is just this and nothing less. So it happens that the men who talk oftenest and loudest of Medical Science as the great object of their love, reverence and research, are just those who are ready to cast aside this, the most precious of all branches of this science, on the slightest pretenses, and claim while so doing special credit for the liberality of the spirit which prompts them thus to do. We may well hold in doubt the devotion to science which these men profess, while they thus hold lightly this science of Therapeutics, the most precious of all.

Indefiniteness of the views of the authors and enactors of these resolutions does not appear to be limited to this law. It is equally apparent as to that of which this law is the rightful governor, practical Therapeutics. They appear to apprehend but slightly, if at all, the limits of the proper application of this science, and notably the authors and approvers of the Tennessee resolutions. They proceed immediately after declaring their confidence in the law of similars, to affirm their "reliance on the laws of Chemistry, Mechanics," etc., as though they were quite peculiar in this "reliance," instead of its being common to them and the rest of mankind. Who does not equally with them rely on those laws to

accomplish all that they were intended and are adapted to accomplish? Who relies on these to do the work of other laws, notably of that which controls practical Therapeutics, is wholly in the dark as to the peculiar provinces and relationships of these distinct laws. The province of Therapeutics is limited to curing diseases by the administration of drug agencies. To talk of the laws of chemistry or mechanics as other than distinct from and wholly outside of the proper sphere of Therapeutics, is to talk sheer absurdity. It is no less absurd to intrude Hygiene into the science of Therapeutics. Hygiene is the science of preserving health, or of restoring it when lost by violation of laws ordained for its preservation, or from the abuse or absence of external stimuli by which its just balance is preserved. Therapeutics cures diseases by acting on the life forces within, by agencies from without, changing the action of these forces from a destructive character (disease), to a conservative character, (health). Hygiene and Therapeutics though equally entering in the practical duties of the physician, are distinct from each other in nature and the means they employ for the accomplishment of their own proper objects. To give drugs for the preservation of health has often been done, but they have always destroyed and never preserved it. Hygiene has to do with externals, regulating these and adapting them to the wants and circumstances of individuals. Therapeutics with that which is internal, changing that which is perverted from its normal state to its original conservative condition. Hygiene prevents; Therapeutics cures. Hygiene, if it cures, as it sometimes does, effects its object by regulating the circumstances or maladjustment of the stimuli needed to life and health, which have caused the mischief. The cause removed, the effect ceases. With Therapeutics it is otherwise. Removing the cause, for example the filth which has produced diphtheria or typhoid fever does not cure the sick. The cause has set up a process in the organism which goes on after the filth has been removed, and which requires for its suppression the use of means wholly independent of any connections with its causes. Hygiene removes the cause and so prevents the recurrence of new attacks of the disease. Therapeutics deals with the disease when present, and by agents wholly unlike those employed by Hygiene.

The New York resolution, after declaring faith in the formula which expresses the foundation of Homœopathy, and a belief that this is the "best general guide in the selection of remedies," proceeds in this immediate connection to "defend the inalienable right of every educated physician to make practical use of any established principle in medical science," etc. The connection of these two statements logically compels the inference that by "any established principle in Medical science," was intended any established principle in Therapeutics, other than that of Homœopathy. It is this, or it is the same loose method of the Tennessee resolutions, which commends impossible substitutions in practice of laws which have entirely different functions and employ wholly different agents. We understand the resolution to refer to "other established principles" in Therapeutics, and ask in sober earnestness what are the "principles" to which reference is here made, to which the author and the New York Society gives the authority to supercede "the best general guide"? What are these principles which are so much better than the best as to compel the author and the Society to defend the right to use them? Being better than the best, how is it that the right to make practical use of them requires any defence at all? That which is better than the best must certainly be a defence in itself, and this solemn declaration by solemn resolution, by the

author and the society, must be wholly a work of supererogation. The question, what are these "established principles" in Therapeutics is forced, by the fact, that, outside of homœopathy, no "established principles" in Therapeutics exist. And so is the suggestion, that for so grave a body as the New York State Homœopathic Medical Society to so solemnly resolve to defend the rights to use principles which do not exist, is to say the least, in the present state of things, an utterance wholly uncalled for, and not likely to add to the honor either of the author of this resolution or its approvers.

If it be replied that the resolution reads "established principles in medical science" the case does not seem improved. The expression is too general for a dignified and explicit utterance of so grave a body, on so important an occasion. "Medical Science" is a generality of which we have heard a good deal of late, which those who have talked of it most loudly and long have wholly failed to tell us what this is of which they talk. It sounds well and as though there must be something in it, but when examined with reference to detecting an individuality the expression represents, the whole follows the Macbeth witches, and "vanishes into the air." There are many sciences supposed to belong to the Medical profession, but no one we have heard of which stands an embodiment of the whole. And then to talk of "established principles," if the reference be to general doctrines of theory and practice, the absurdity is so great as not to escape the ludicrous. Of all that has been most changeable in the world's history these are certainly pre-eminent. In this they are not surpassed by the proverbial sands on the sea shore. If reference were to these when the author penned this resolution, it might have been amusing if one could have seen the workings of the corners of his mouth as he looked on this, his little joke.

Your committee have been somewhat at a loss to account for the passage of these resolutions by the bodies which have sent them out into the world. There seems to have been no call for them in any needs of the profession, growing out of any inadequacy of the law we recognize as that which governs the practical administration of the science of Therapeutics. It meets the wants of all the daily duties which grow out of or are involved in this administration. There is, however, another deficiency, a consciousness of which may have given birth to these gratuitous and mischievous utterances—a deficiency, not in the law, but in its professed administrators. To cover up from self-conviction a consciousness of inability to cope with the many and great difficulties in the way of its perfect administration, or of its habitual, practical neglect, may have suggested these declarations of liberty to disregard law, though it is admitted to be "the best guide in the selection of remedies," and to do whatever else one may choose, though of necessity of less value than the best. If this were the motive, it is not at all surprising that the self-complacency of the authors and their approvers required the soothing sop of "Medical Science" which follows, for their own peace of mind, or that they judged it a necessity to maintain outside appearances.

There is still another possible motive for these resolutions, which may be regarded as worthy of them, and they a fit result of it. It is the natural outcome of that indolence which turns from the effort needful to overcome difficulty, to any resort by which it may be hoped to avoid it, and it may be suspected that the natural shame which attends the consciousness of laziness was that which interposed for the preservation of self-respect, or, to keep up appearances, the respectable plea of "Medical science."

In conclusion your committee would protest against these resolutions as uncalled for by any facts or interests pertaining to any branch of medical science, and as calculated to degrade the law of healing and practically, whenever and wherever they have influence.

We protest against them as injurious to the interests of health and humanity by reason of the countenance they give to disregard of law, and resort to practical measures not under its sanction, and this in face of the fact that the record shows that practice guided and controlled by law, as compared with that which is empirical, has lessened the mortality by disease more than one half.

We protest against these resolutions, as emanating from Homœopathic organizations, because they discard the authority of the supreme law, shown by the record to be so beneficent to men, and place the law itself as subordinate to any so called or imagined experience.

Finally we protest against these resolutions (coming from Homœopathic bodies they might be supposed to represent Homœopathic opinion) as misrepresenting the opinion and status of our school of medical practice, changing it from that which it is Homœopathic, to that which it is not-Eclectic. This we affirm they have no right nor authority to do.

P. P. WELLS, }
F. P. DUFFIN, } *Com.*
R. C. MOFFAT. }

REPLY TO ABOVE.

MR. EDITOR :—A resolution was adopted at the annual meeting of the New York State Homœopathic Medical Society which was intended fairly to represent the sentiments and present status of the Homœopathic school. The resolution declares that, while we consider the principle *Similia* the best general guide in the selection of remedies, and intend applying it to the best of our ability, we also make use of other measures whenever required by the welfare of our patients.

The resolution expresses the views of a large proportion of the members of the Homœopathic school, arrived at after long and patient investigation, viz., that the Homœopathic system alone is insufficient in a portion of cases occurring in ordinary practice; and that recoveries are more prompt and satisfactory when that mode of treatment is supplemented by palliatives, adjuvants, and antipathic remedies, just as other conscientious and non-sectarian physicians do, whenever required by the welfare of those under their professional care. The purport of this resolution, then, is a declaration to the effect that, although we endeavor to practice homœopathically in a large majority of cases, we are not *exclusive homœopaths*.

Dr. Dunham, in his admirable address before the American Institute, on "Liberty of Thought and Action," delivered June, 1870, divides homœopathists into three classes; 1st, the "strict followers of Hahnemann"; 2d, those "who take the name of homœopathic physicians, but do not accept the homœopathic law as of universal application in therapeutics, or who do not accept the peculiar modes of practice generally known as homœopathic; the single remedy, for instance, and the minimum dose"; and 3d, those "who mix remedies in their prescriptions, who alternate and rotate remedies, and whose massive doses would sometimes astonish the old school itself."

The two classes last referred to are members of our societies and are representatives of the homœopathic system of practice, and they will *remain* in our fellowship. We cannot expel them; we cannot convert them into the class first named. Moreover, the practice of these last two classes, which constitutes the major part of the membership of the homœopathic school, has approached so closely to that of the old school, or, the practice of the latter is so nearly like that of our own, as to have created an impression, on the part of the public, that practically the two systems are *essentially identical*; that is, both employ remedies to relieve and cure the sick without producing medicinal disturbing influences, and both use palliatives and adjuvants in common.

The impression, therefore, prevails that *we are not consistent*; that in practice we are *not strictly homœopathic*, as, *in truth*, we are not.

Dr. Dudgeon, (OBSERVER, page 505), says: "Still there is some force in the objection that by the assumption of the name of homœopath we imply that we will treat patients only by homœopathy, whereas we actually do treat them to the best of our judgment, *and in many cases*, as I have shown, *by remedies that are not homœopathic at all*." To pretend to be exclusive homœopathists and at the same time engage in mixed practice is not creditable to our school. We are homœopathists, but not exclusively. Hence the propriety and the exceeding fitness of adopting the resolution in question.

Taking this view of the sentiments embodied in the resolution, its adoption appears to be demanded by the public. It comports with

our practice and indicates a degree of fairness on our part which is highly commendable, and is recognized and very favorably criticised by the public, many of the daily papers in New York having commented on the passage of the resolution in terms of decided approval. The *Medical Record* says, (vol. 13, p. 212), "It would appear that the large majority of the members of that *sect* in this city and throughout the state desire to be considered *physicians rather than homœopaths*, and to avail themselves of all, rather than a portion only, of the resources of medical science. *That this is the only proper ground upon which men claiming to be scientific should stand is self-evident.*

The resolution recognizes and expresses the right of private judgment on the part of members of the Society. Abstractly, neither a minority or majority in any scientific association has a right to make arbitrary rules which interfere with freedom of opinion and action. The code of ethics of the American Medical Association assumes to control this prerogative, and it sadly interferes with public interests and is condemned by public sentiment.

Regarding the recent action of the American Medical Association, whereby it proposes to extend the arbitrary provisions of its code and apply them to those who are giving medical instruction, the *Medical Record* says: "It is to be regretted that the association was tempted to recommend an addition to the code so openly opposed to the tolerance of medical opinion. The action was, in our judgment, unnecessary, and really beneath the dignity and foreign to the recognized purposes of the association. Indeed, we go farther by assuming that the association exceeded its authority in attempting to place an embargo upon medical education by making the acquisition of the latter purely conditional with any arbitrary rules which it may adopt. This is so contrary to the spirit of our free institutions, to all the broad and liberal principles upon which our government is founded, that it appears not only absurd, but ridiculous. * * * The principle proposed by the association is wrong from beginning to end, and is a reflection upon the judgment and common sense of the whole regular profession."

The *Homœopathic Times*, page 90, current volume, says, referring to the action of the American Medical Association: "In other words,

before a young man can obtain the advantages of their distinguished services, they propose to become his conscience keeper, to take away his right of independent thought and individual action, to make him no longer a free moral agent, but to surround him with an iron wall of dogmatism and exclusiveness."

Those who oppose the resolution claim that there is no necessity for its adoption ; that we are now, while claiming the name homœopathists, at liberty to apply any and all methods of treatment extant. And, in fact, a circular has been issued by a committee of the Kings County Society, protesting against the resolution, "as uncalled for by any facts or interests pertaining to any branch of medical science, and as calculated to degrade the law of healing practically, whenever and wherever they have influence."

We reply that, while the membership of our societies is made up of the three classes of homœopathists previously described, and while we are members of a society bearing a sectarian "nickname,"* the very condition exists which calls for an expression of the sentiments embodied in the resolution. We grant that, if all the members were of the first class named, *i. e.* strict Hahnemannians, the declaration set forth in the resolution would be unnecessary and harmful ; but under existing circumstances it is exceedingly appropriate and timely.

The Society bears a sectarian name, and, on that account is liable to be considered a *sectarian* society, and, by inference, its members, *sectarians*, in medicine. Now it is a notable fact, one recognized by both the profession and the public, that a majority of homœopathists are not sectarian in practice. They are not sectarian because they have found by experience that the homœopathic system is not perfect and is occasionally insufficient. Dr. Dudgeon, in the article previously quoted, (*OBSERVER*, page 404), says: "If the chemist and the optical scientist would indignantly reject a name derived from their theoretical views, why should we eagerly assume one derived from the latest and most advanced rule for therapeutic treatment, which may, perhaps—for it is *not perfect and infallible*, as we all know—be superseded by something better?"

*Dr. Dudgeon, *Observer*, p. 404, current volume.

So much has been said and written of late regarding exclusivism and sectarianism in medicine, that a declaration of some sort from homœopathic societies, seems desirable, in order to correct an erroneous impression which appears to prevail, that there is a want of conformity between our professions and our practice.

When the resolution in question was under consideration the second time by the New York county society, only three or four out of about forty physicians present, declared themselves *exclusive* homœopaths. Therefore, while it may not be expedient at present to drop the distinctive name of our State and local societies, it is eminently proper, and is required by the exigencies of the time that, at least a qualifying and explanatory statement like the resolution in question, unequivocally defining our position should be made public, and permanently placed on the records of the society.

It is quite probable that an expression of sentiment in the form of a resolution will be scarcely considered sufficient; something more than this is necessary, viz., the incorporation into the by-laws of a declaration to the effect that, although members of a society bearing a sectarian name, we desire to be recognized as physicians in a truly Catholic sense, and to discard all association with sectarianism and exclusivism in medicine.

It is evident that the true position of our State Society should be as liberal and noble as that taken by the American Institute of Homœopathy, as set forth in its resolution adopted June, 1871, as follows:

“Resolved, That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby.”

This resolution was intended to rebuke sectarianism in the so-called regular school; its application at the present time seems very appropriate on account of the exclusivism of strict Hahnemannians, those malcontents in our school who are still diligently nursing dead issues which have been discarded by a large majority of homœopaths.

H. M. P.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER.

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THE KINDERGARTEN.

I have been prevented by sickness from sending the following until now, and hoped to have seen the subject noticed by some other pen. While reading the article on Kindergarten in last December's number, was sure the writer must be under a misapprehension, must be unacquainted with a genuine Fræbel Kindergarten, the more so as he advocates the very thing a Kindergarten is—a child-nursery. By his objections to excitement of the brain, he cannot possibly mean that nothing shall be taught, the child, that he must learn nothing. If acquainted with children, their spontaneous motions, as well as the relative size of their brain—motor power, he must be aware that a perfectly healthy child, (one whose stomach has not been vitiated by overwork, and so made *unhealthy* and dull, though it may be *fat*), *will* think, *will* learn, will daily puzzle the intelligent mother with questions hard to be answered.

Nature did not make a mistake in giving this overplus of brain-power to the infant, as there is much work for it in its first years. The astonishing feat is to be performed of mastering the ordinary use of not only a new language, but an acquaintance with objects themselves as well, and even the acquisition of ideas also, distancing the powers of the adult altogether. The use of the limbs too, instinctive with other animals, is to be learned by the human, the most helpless of babies. But ample provision is made for this to be done with safety. All the faculties spontaneously have their share of work to do, (well would it be if this necessity were considered by older people), and upon every temporary exhaustion of nerve-force, "kind Nature" administers *her* soother, her "sweet restorer, balmy sleep," and all is ready for a new and happy start. The intelligent gardener for children, with "patience, judgment, and love," is indeed of inestimable value to mothers, to children, and to the race. The object of a bona-fide Kindergarten—not to be confounded with an unintelligent imitation or caricature of the same, is a full and healthy development of every faculty of the child, mental and physical, and a removal, gradually but surely, of every morbid tendency, whether sluggish or over-sensitive. Thus the immense force of thought and action, so abundantly supplied by Nature to the child for its development, is prevented from running to waste, or worse, to the perversion of the good and the true. A freedom from severe restraint or servile fear, games played to the time of pretty, simple music, light gymnastics also, child-like but improving songs, which all eventually learn, constructive occupations, teaching color, form, lines, surfaces and solids, (as easily learned as the names of common objects), association under guidance with others of the same age, work in the garden in its season, with cheerful exercise, all tend to the most harmonious growth of mind and body. An invaluable habit of earnest attention is acquired by being allowed to choose, to a certain extent, his occupation. This ensures great manifest

pleasure, increase of self-respect, and a desirable deference to the wishes of others.

It is the way of children to ask why and wherefore. So each article for use or play in Kindergarten is made to furnish this information as to color or form, use, etc., thus fixing it, without effort, in the memory, and inducing a habit of thoroughness which extends to facts and ideas as well. In this way, in addition to amusing and employing the children, their play is utilized, so that a solid foundation is laid for learning, and when they come to books they seem to understand them at once and learn with great ease, rapidity, and pleasure. This pleasure and ease of acquisition continue with the scholar through all the succeeding grades of schools. The effect is as apparent and happy as in the habits of method, neatness and politeness, and every good thing which may be daily taught them without hurting them. Every good, practical, common teacher knows that this result is a great contrast for good with the exertion constantly needed to induce most scholars to *think, think*. Instead of the facts they could not help receiving, having been economized and stored up for use, they are scattered as through a sieve, and the habits so easy to have been formed are attained if at all with great difficulty and annoyance to teacher and scholar. As to the health of the children under these normal processes, it is found, as might be expected, to have a better showing than those from the same families under home rule. I know of a Kindergarten of 20 or 30 where the average attendance for the year was 87 per cent.

To appreciate fully the work, one needs a personal inspection of one of these schools under a well-trained and well-adapted teacher. Doubtless there are few of this sort, the same being true of other teachers as well, very few by nature and by training suited to their work. Alas! is not this true of physicians also, and the idea still applies to other trades and professions.

Yours, for the preservation of the "innocents."

W.

EDITOR OF THE OBSERVER :

(1.) Nothing in the communication sent, invalidates the facts I presented.

(2.) If any one cannot appreciate facts used as premises, argument is useless.

(3.) If the parents of children on whom the Kindergarten experiment is tried, can afford to abide the result, I can

ANN ARBOR, MICHIGAN.

H. P. G

OLD PHYSIC.—No. 2.

Having in a former number of the OBSERVER given a few specimens of the medical practice of our brethren of "ye ancient school," we propose in this number to present a few samples of *Indian* practice, giving the preference to the latter. And in order that the comparison may be a fair one, we shall take them from about the same period. We quote from "The History of Carolina, by John Lawson, Gent, Surveyor General of North Carolina. Lawson, T. Warner, Pater-Noster Row, 1718."

"In other distempers which are epidemical, you may find among 'em Practitioners that have extraordinary skill and success in removing those morbid qualities which afflict 'em, not often going above 100 yards from their abode for their remedies, some of their chiefest physicians commonly carrying their compliment of drugs continually about them, which are roots, barks, berries, nuts, etc., that are strung upon a thread. So like a *Pomander* the physician wears them about his neck. An *Indian* hath been often found to heal an *Englishman* of a malady which the ablest of our *English* pretenders in *America*, after repeated applications, have deserted the patient as incurable. *God having furnished every country with specifick remedies for their peculiar diseases.* [This idea does not appear to have been original with *Teste*.—C. P. H.]

"I have seen such admirable cures performed by these savages, which would puzzle a great many graduate practitioners to trace their steps in healing, with the same expedition, ease, and success; using no racking instruments in their chiurgery, nor nice rules of diet and physick, (only a little common sense) to verify the saying, *qui medice vivit, misere vivit*. In wounds which penetrated deep, and seem mortal, they order a spare diet, with drinking fountain-water; if they perceive a white matter, or pus to arise, they let the patient move at large, and presently cure him. [This is a decided improvement on the practice of the Old School, even of the present day.—C. P. H.]

"The Squah had a young child, which was much afflicted with the Cholick ; for which distemper she infused a root in water ; this she took into her mouth, and spurted it into the infants, which gave it ease. [This is almost as rude, and quite as original, as the Old School method.—C. P. H.]

"The people of this nation, (the *Chickamos*) are likely appearing persons, but great Pilferers, stealing from us anything they could lay their hands on, though very respectful in giving us what victuals we wanted. [Very like our allopathic brethren. (See Ringer and others), who appropriate our thunder by wholesale, without so much as "*thankee*" for it.—C. P. H.]

"The *Indians* use sweating very much. If any pain seize their limbs, or body, immediately they take reeds, or small wands, and bend them umbrella-fashion, covering them with skins and matchcoats. They have a large fire not far off, wherein they heat stones, or (where they are wanting) bark, putting it into this stove, which casts an extraordinary heat. There is a pot of water in the *bagnio*, in which is put a bunch of an herb, bearing a silver tassel, not much unlike the *Aurea Virga*. With this vegetable they rub the head, temples, and other parts.—[Did our *Sudorific* confrere's borrow this idea, or is it original with them ? C. P. H.]

"Our landlord (an *Esaw* Indian) desired to see the lame man's affected part, to the end he might do something to ease him. After he had viewed it accordingly, he pulled out an instrument, somewhat like a comb, which was made of a split reed, with 15 teeth of rattle-snakes set at much the same distance, as in a large horse-comb. With these he scratched the place where the lameness chiefly lay, till the blood came, bathing it, both before and after incision, with warm water, spurted out of his mouth. In a day or two, the patient became sound. [Did our *Scarifying* friends borrow this idea too.]

"One of their Doctors took me to his cabin, and shew'd me a great quantity of medicinal drugs, the produce of those parts,

relating their qualities as to the emunctories they work'd by, and what great maladies he had healed by them. [This Doctor ought to have had a "regular" parchment; he was so very, very *regular*! C. P. H.]

"During our stay, there happened to be a young woman troubled with fits. The Doctor who was sent for to assist her, laid her on her belly, and made a small incision with rattle-snake-teeth; then laying his mouth to the place, he suck'd out near a quart of black conglutinated blood and serum. [How about cupping? Let not our bretheren of "ye ancient school" affect to despise the *Indian* practice, for, as we have shown, the principle is the same, while the difference in methods is merely that of *tweedledum* and *tweedledee*. C. P. H.]

"The quince-drink most commonly purges those that first drink it, and cleanses the body very well. The argument of the physicians, that they bind people, is hereby contradicted. [How about *Similia Similibus*? C. P. H.]

"As for pepper and mustard, the Indians reckon us little better than mad-men, to make use of it amongst our victuals. [And they are right.] They are never troubled with the scurvy dropsy, nor stone. The Phthisick, Asthma, and Diabetes, they are wholly strangers to; neither do I remember I ever saw one paralytick amongst them. The gout, I cannot be certain whether they know what it is or not. Indeed, I never saw any nodes or swellings, which attend the gout in Europe; yet they have a sort of rheumatism or burning of the limbs, which tortures them grievously, at which time their legs are so hot, that they employ the young people continually to pour water down them. The struma is not uncommon amongst the savages, and another distemper, which is, in some respects, like the pox. This not seldom bereaves them of their nose. I have seen three or four of them rendered most miserable spectacles by this distemper. Yet, when they have been so negligent, as to let it run on so far without curbing of it; at last, they make shift to patch themselves up, and live for many years after; and such men commonly turn Doctors. I have known two or three of these no-nose Doctors in great esteem amongst their fellows. [Had our author lived in this our day, he would have met with very many "no-knows" Doctors in the profession, and he doubtless would have become more and deeply impressed with the truth of the discovery which he had previously made amongst the savages, that the less "knows" they have, the greater is the esteem in which they are held by their fellows.—C. P. H.]

A NORWEGIAN HEALTH RESORT.—“We,” says the *Lancet*, “have received some details of a sanitarium situated 2,500 feet above sea level, at the head of Lake Myosen. The sanitarium of Gansdal has been built about two years, and is capable of accommodating 150 guests. It is reached from Christiana by rail to Eidsvold, and thence by boat up Lake Myosen to Lidehammer, from which point the establishment is reached in two hours by omnibus. The scenery is said to be magnificent, and those who are fond of fishing will find ample opportunity for indulging in their favorite sport. The season is a short one, being limited to July and August; and even at this time of the year visitors must be prepared to meet extremes of temperature. Like other mountainous resorts, Gansdal has a reputation for patients suffering from dyspepsia, anæmia, and nervous exhaustion.”

DENTISTRY EXTRAORDINARY.

The horrors of teeth-stopping, with the preliminary gouging and filing, are to many the most unpleasant of the sufferings which dental necessities impose. Many persons prefer the pain of extraction, and to get rid of the offending member, to the annoyance of stopping. In future it would seem they may take their choice without the necessity of a sacrifice of the tooth if they prefer extraction. Dr. Weil, of Munich, has employed and advocated the method of first extracting the tooth, stopping it with amalgam or gold, and then replacing it. He states that the results are excellent, and the teeth can be freely used. He keeps the tooth out of the socket for one or two hours, as may be necessary, and yet the tooth ultimately is firmly fixed. He finds the method quite applicable to both bicuspid and molars. Since extraction can be performed under anæsthetics better than stopping, many persons will prefer the new method to the old, provided (and that is probably the doubtful point) the subsequent re-fixing does not involve more than complimentary pain, and provided also the method is found as successful in other hands as in those of the inventor's.—*Lancet*.

Our son-in-law, Dr. C. H. Land, dentist, of Detroit, has practiced the above method for some time past with gratifying success. He finds the use of calendula θ in these operations of great service.

AN ENTHUSIASTIC OPERATOR.—The *Medical Record* tells this story: Surgeon Cox was an enthusiastic and eccentric army surgeon in the late war. After the battle of Antietam he essayed the amputation of the mangled limb of a soldier, and became so absorbed in his task that he did not notice that the man was dying. As he began sewing up the stump, a hospital steward who chanced to pass said: “Doctor, there is no use of going on; the man is dead.” The surgeon looked up in surprise, and then said: “I am sorry the poor fellow is dead; but there is one consolation about the matter,—he has gone to heaven with a ‘flap’ he may be proud of.”

WOMEN DOCTORS.—(From Charles Reade's "A Woman-hater," in *Harper's Magazine* for July), I say that to open the study and practice of medicine to women-folk, under the infallible safeguard of a stiff public examination, will be to rise in respect for human rights to the level of European nations who do not brag about just freedom half as loud as we do, and to respect the constitutional rights of many million citizens, who all pay the taxes like men, and by the contract with the state implied in that payment, buy the clear human right they have yet to go down on their knees for. But it will also import into medical science a new and less theoretical, but cautious, teachable, observant kind of intellect; it will give the larger half of the nation an honorable ambition and an honorable pursuit, toward which their hearts and instincts are bent by nature herself; it will tend to elevate this whole sex, and its young children, male as well as female, and so will advance the civilization of the world, which in ages past, in our own day, and in all time, hath and doth and will keep step exactly with the progress of women toward mental equality with men.

FLEAS.—One of our patients who went to Enterprise, Florida, was much annoyed by fleas in the house of the physician with whom she was staying; finding that hogs were at large in the yard and scratching themselves very frequently upon the posts on which the frame house rested, she said to the wife of her host. "Do you not think that the pigs have something to do with your being troubled with fleas?" and received this reply: "I should'nt wonder if that was the reason." But while she remained the yard fences were never put up to exclude the hogs. This was at *Enterprise*. A name which certainly suggests something very different from the habits of the people. An army officer jokingly said: "You can take up a peck of sand anywhere and if you watch it long enough a bushel of fleas will jump out of it;" and to-day we are told that a friend just returned from the South says he noticed *ladies* scratching themselves where the skin over glutei muscles was irritated by the bite of the *Pulex*.

YELLOW FEVER—A NEW COURSE OF TREATMENT INAUGURATED—(*N. O. paper*.) At Charity Hospital, Dr. Samuel Chappin inaugurated a course of treatment which, if entirely successful, will revolutionize the treatment of yellow fever cases. The patient operated upon had been without medical attention 24 hours, had only taken a Seidlitz powder, and so low, in fact, was the man that the attendants expected him to die every minute. At the time his pulse was 108 a minute and the temperature 105°. The patient was stripped naked, placed upon one of Dr. Kibbe's fever cots, which is filled with meshes and has beneath an india rubber receptacle to contain water. A sprinkling can of water containing a lump of ice was prepared and the patient sprinkled until the temperature was reduced as low as 99°, and the pulse for a while was reduced to 68°. The body became refreshingly cool, all fever disappeared and the patient fell into a gentle slumber, rested well during the night, and this morning house surgeon Metcalf reports Dr. Chappin's patient doing well, temperature 100¾ Fahrenheit; passed a good night; symptoms all favorable to a speedy recovery. The sprinkling is still continued. To-night the patient's temperature is reported the same as this morning and his recovery confidently expected.

YELLOW FEVER.

Our esteemed colleague Bushrod W. James, M. D., urges in a recent number of the Public Ledger, Philadelphia, the following: He regards it as perfectly practicable to lower the temperature of the holds of vessels, and of properly arranged wards of hospitals, to the point where no germs of the disease can exist. Dr. James says:

I have no doubt the temperature in the hold of a ship, with its cargo, could be reduced to 15 degrees or 18 degrees Fahr., and kept so for twenty-four or forty-eight hours, or longer. I guarantee that no yellow fever germ can ever survive that. The absence of the disease in our colder climates tends to prove this. Where is there a more potent agency in the removal of these low forms of fever than a good wide polar wave, bearing an abundance of ice and frost in its transit across our country. The disease under consideration and the malarial fevers are thus swept away as by magic power in the cold of Autumn,

The disease spreads in some way, directly or indirectly, from fever patients to the healthy, and it will be asked, "How is this to be avoided?" It is easy enough. Let every quarantine station have a ward or room capable of holding several patients, more or less, as the exigencies may demand, so arranged that ventilation can be maintained exclusively through ventilators and by means of small ante-rooms with spring-closing doors, and then have no mode of entrance or exit to the ward except through the ante-room. The ante-room should be kept at the same low temperature or even lower than that in the ward, so that the temperature in the latter may not be raised by the opening and closing of doors by the attendants, nor any of the disease-producing germs escape before they are thoroughly subjected to the low temperature and destroyed.

The ward and ante-room must be kept at a temperature not higher than 25 degrees Fahrenheit. Keep the patients comfortable by a sufficient amount of bed-clothing; and artificial warmth; and everything that goes from the room, such as clothing, excretions, all emanations, &c., must be exposed a sufficient length of time to the cold. This will kill the poisonous germs, or reproducing cause, and prevent, as far as the cases under treatment are concerned, any risk of the disease spreading. If patients cannot bear so much cold, during treatment, an adjoining warmer room can be made, with no mode of access of ventilation except through the cold room, and everything going out of the

warmer room must be allowed to remain a sufficient length of time to get rid of the contagion. If no attendant occupies the adjacent or cold room, the degree of cold can be kept near zero, in order the more quickly to destroy all the disease-producing agencies. The patient must be protected against a sudden draft from this cold room however.

In answer to a letter sent by us to Dr. James he expresses himself more fully upon the subject, he says that it is not necessary to keep yellow fever patients directly in the cold atmosphere although he is not aware that this plan of management has ever been tried.

Cool air he knows is injurious, and a damp cool air is specially deleterious in yellow fever, both in the way of making the cases worse as well as extending the epidemic, when prevailing, to a larger number of people.

But cold air, air that has been frozen, or that from which the poison that spreads the disease has been frozen out, is quite a different thing, from simple cooled air that has not been submitted to the freezing process.

The patient that is supplied with such purified atmosphere certainly has a better opportunity of running a milder course, and has a greater prospect of recovery than the one who is respiring the air that has not been so filtered of its obnoxious properties.

If taking this cold air into the lungs is an objectionable feature in the treatment of this disease this can easily be remedied by passing it at once over a warm surface after the freezing temperature has been produced in it, and then immediately supplying the air thus rewarmed to a temperature of about 70° Fahr., to the patient or patients in the ward adjacent.

In other words, take dry air, freeze out the noxious material it may contain, then warm it and supply it to the yellow fever patients, maintaining a good ventilation with an ingress of this kind of air at any temperature desired.

He has been told that it is impracticable but this is not the fact, outside of the expense, and this is a mere trifle compared to the great loss of life and commercial paralysis that occurs when an epidemic breaks out as has been the case at New Orleans, Memphis, Vicksburg and other places this summer.

From the recent inventions and improvements that have of late years been brought out in the way of fitting up refrigerating rooms, and in ice-making machines, he feels satisfied that all difficulties can be quite easily overcome and the matter put

to a practical test, if there was a willingness on the part of the various quarantine authorities of the world to put it into use.

He claims that no epidemic of yellow fever would ever occur by importation if the proper quarantine vigilance is observed and this method of annihilating the germs of the disease in the very first cases that appear at any time and in any place.

Of course it would not check an epidemic in a city where it has once gained a firm foot-hold and the poisonous matter is widely disseminated over and through the town.

It is the duty of our government authorities and the medical profession at large, to adopt measures looking towards the *annihilation* of the disease and also to prevent epidemics of the disease from occurring, until it is completely removed from existence.

WORK.—“What is your secret?” asked a lady of Turner the distinguished painter. He replied, “I have no secret, madam, but hard work.” Says Dr. Arnold: “The difference between one man and another is not so much in talent as in energy.”

“Nothing,” says Reynolds, “is denied well directed labor, and nothing is to be attained without it.” “Excellence in any department,” says Johnson, “can now be attained by the labor of a life-time; but it is not to be purchased at a less price.” “There is but one method,” said Sidney Smith, “that is hard labor; and a man who will not pay that price for distinction had better at once decide himself to the pursuit of a fox.”

“Step by step,” reads the French proverb, “one goes very far.” “Nothing,” says Mirabeau, “is impossible to a man who can and will. This is the only law of success.” Have you ever entered a cottage, or traveled in a coach, ever talked with a peasant in a field, or loitered with a mechanic at the loom,” asked Sir Edward Bulwer Lytton, “without finding that each of these men had a talent that you have not—knew something that you did not?” The most useless creature that yawns at a club, or idles in rags under the suns of Calabria, has no excuse for want of intellect. What men want is not talent but purpose; in other words not the power to achieve but the will to labor.

EDUCATION OF IDIOTS.—At the close of the sittings in the Illinois House of Representatives, the clerk read the following: “I am requested to announce that Rev. Dr. McFarland will deliver a lecture this evening in the hall on ‘Education of Idiots.’ Members of the Legislature are invited to attend.”

MAY WE USE HOMŒOPATHIC MEDICINES?—Dr. C. H. Sanborn, of Hampton Falls, N. H., writes to the *Michigan Medical News*: I am a subscriber and reader of your valuable journal. The first editorial in No. 15 suggests another question—will you or somebody else answer it satisfactorily?

Your question is, "May we consult with Homœopaths?"

My question is, "May we (regular practitioners) use Homœopathic medicines?"

If you say "No," with good reasons for saying No, that ends the matter.

If you say "Yes, you may try (when occasions offer) any kind of medicine which those who use it allege to be useful, and if in your hands it proves to be a valuable medicine, then you may properly use it,"—do you not open the door too wide?

With you I hail the discovery of new medicines, like Cascara and Grindelia, etc., but must we or must we not accept all new medicines or new forms of old medicines which on trial prove useful?

How large is the door which separates medicines, we may use properly from all other medicines or pretended medicines, and when shall the door be opened and who shall open it?

May a regular doctor prove all things medicinal as he has opportunity, or may he not?

I don't forget that a fool may ask questions; but don't call a *bona fide* subscriber to your journal a fool, or an ass, or any such a name.

ANSWER OF THE MICHIGAN MEDICAL NEWS.

The doctor's questions, it strikes us, are well timed. We know of no reason why a regular physician may not employ a homœopathic drug, so-called. The whole field of nature is open to us. It is only the exclusivist and the dogmatist who confines himself to one corner of this field. The question of doses is by no means a fixed question, and if experience shows a small dose to be as efficient or more so than a large dose it is our duty, as well as our privilege to employ it, irrespective of any dogma with which infinitesimal doses may be identified. The palatableness of homœopathic medicines is their passport to public favor, and we should not stubbornly close our eyes to the lesson herein taught us.

"No pent-up Utica contracts our powers,
The whole boundless Universe is ours.

AN ETHICAL QUESTION.—The following correspondence, published in the *Michigan Medical News* explains itself:

WM. BRODIE, M. D.:

HOWELL, August 12, 1878.

Dear Sir—I would be very much obliged to you if you would send me your opinion, in writing, upon a question of ethics, viz.: Is it a violation of the code

of ethics, as adopted by the American Medical Association, for a regular physician to attend a post mortem examination in connection with homœopaths, said post mortem conducted by homœopaths? Very truly yours,

C. V. BEEBE, M. D.

DETROIT, September 2, 1878. }
64 Lafayette Avenue }

C. V. BEEBE, M. D.:

Dear Sir—I know of nothing in the code of ethics that could be regarded as having any legitimate bearing on the question of attending a post mortem examination conducted by a homœopathic physician, any more than riding in the same street car with one. If a regular physician should directly *assist* a homœopath in making a post mortem examination and *specially consult* with him about the *nature of the morbid changes found*, it is possible that some would rank it the same as a *consultation at the bedside of the sick*. But it would seem to me an unnecessary *stretching* of the code.

Yours very truly,

WM. BRODIE.

Great bodies move *very* slowly.

PHOSPHORUS AND THE BRAIN.—“Hygiene of Chronic Nervous Diseases,” by Dr. Beard before the Kings County (N. Y.) Medical Society, reads: “Although the generalization of Agassiz, that fish feeds the intellect, is among the wildest and most unscientific ever made, yet there is little doubt that the so-called ‘sea food,’ fish and oysters, is excellent for the nervous system, and very likely in part by virtue of the phosphorus it contains; but it no more feeds the intellect than phosphorus given in any other way,

A healthy brain and an intellectual brain are not synonymous. One may be perfectly well, and at the same time perfectly stupid; a fool may eat like a lower animal, while the great philosopher barely keeps himself alive. While food is essential to thought, yet the force in food is not converted into thought force. Good thinkers, like good athletes, are usually liberal feeders; but thousands who eat as much or more have very little intellect or muscle. The effect of a diet largely of fish seems to be sedative, calmative, like that of bromide of potassium, or phosphorus or electricity—like these remedies, producing dullness rather than intellectuality, and inducing a disposition to sleep more than to think; not accelerating, but slowly quieting down the wheels of the mind, and therefore excellent and adapted for the nervous, and overworked and overworried.”

PERSONAL NOTICES, ETC.

DR. BERRIDGE writes a reply to Dr. Jones, which is now in type and will appear in our next number.

COOKE.—Dr. N. F. Cooke, formerly Prof. of Theory and Practice in Hahnemann Medical College and Hospital of Chicago, has consented to give a course the coming winter in that college on "*Special Pathology and Diagnosis.*" The lectures will be free to the students of that institution.

CONTROVERSIES.—The present number commences with an article by C. P. Hart, M. D., written in reply to a review of his book by G. S. Norton, M. D., and Dr. Norton answers Dr. Hart on pp. 503 and 504. On page 480 will be found the report of Drs. P. P. Wells, F. P. Duffin, and R. C. Moffatt, a committee to whom the N. Y. State Society's Resolution was referred, and a reply thereto by Dr. H. M. Paine. The cause of truth will doubtless be subserved by these discussions, and we endeavor to let both sides be heard at the same time. But we wish to remind our friends of two things. 1. That our space is limited, and we must restrict these lengthy communications hereafter. 2. That any cause will be weakened by indulgence in offensive personalities. When a man is untruthful the most direct and personal accusation is commendable, but between physicians of such probity as our esteemed colleagues, Drs. Hart and Norton, we regret to see anything of the sort. Dr. Hart's reply should have been sent to the *North American Journal*, and we know that Prof. Lilienthal would have published it, but as it was printed by us, we accord space to Dr. Norton to reply; trusting that they will soon come to a good understanding.

FRANKLIN.—On Prof. Franklin's arrival in Michigan he received a public reception at the Brunswick Hotel, in which nearly all our Detroit physicians participated. A warm welcome gracefully tendered which we should have gladly participated in had we been in town.

WINTER RESORT FOR INVALIDS.—I should be pleased to correspond with any physician who wishes to send patients to a more genial climate the coming winter.

I would refer to Professors Danforth and Mitchell as being acquainted with results to patients that I supervised last winter.

ANN ARBOR, Mich.

H. P. GATCHELL.

Otology and Ophthalmology.

HENRY C. HOUGHTON, M. D., AND GEO. S. NORTON, M. D., N. Y. CITY, EDITORS.

ANSWER TO DR. HART'S REPLY.*

In this number of the *Observer* will be found a reply of Dr. Hart's to my review of his work on the Eye, published in the *North American Journal of Homœopathy*, for May; a few points of which I desire to answer.

In his preface we observe that C. P. Hart, Homer, Aristotle, Socrates and Virgil have been "victims of adverse criticism." The relation of the former to those ancient sages and poets is hardly apparent. His first object seems to be to show the *animus* of "G. S. N." (1st.) That Boericke and Tafel published the ophthalmic works of "Allen and Norton," and "Angell." Bear in mind this is one point in the *animus*, though what connection there is between this fact and my review, is left in the dark. The poor printer seems to be responsible for the slur cast on Angell's work, though we did suppose that the author corrected his own proof. (2nd.) "Norton's work was examined from cover to cover for new ideas, but afforded nothing of value." We are very sorry that the Doctor found nothing of value to repay him for his research, but is it not a curious coincidence that after reading that book his experience with remedies should tally so closely with those given there? For instance, C. P. H. advises for Cellulitis orbitæ, Acon., Apis., Bell., Bry., Rhus., Ars., Hepar., Lach., Merc., Sil. and Sulph. A. and N. recommend Acon., Apis., Hyp. Lach., Merc., Rhus., Ars., Bell., Bry., Kali hyd., Sil., and Sulph. So we might go on comparing disease after disease with like result, but forbear from lack of space. I can only regret, however, that the Surgeons of the New York Ophthalmic Hospital did not have Dr. H's. vast experience long ago, as it would have saved much hard labor. (3d. & 4th.) His work was not written for the specialists, therefore would excite the animosity of a specialist, and only a general practitioner could give a fair review!!! (5th.) The assertion that Boericke and Tafel employed G. S. N. to "write down" his book is absurd and wholly untrue; as they never, even intimated in any way, either directly or indirectly, that they had ever heard of this book; but I was asked by the editor of the N. A. J. H. to review it, as it is upon a special subject in which I am interested. So much for the

* See p. 457 current volume.

"*animus*." Now let us consider the four points which he believes vulnerable in my review. (There were some twenty or more marked errors in the book that I called attention to at that time, though it must be understood that these were only a few taken from the immense number.) The first of these "men of straw," as the Doctor, in his pitiable attempt at sarcasm, calls them, refers to the relative frequency of inflammation of the lachrymal sac and erysipelatous inflammation at the internal angle of the eye. His quotation from his book is correctly given, and I cannot understand how anyone could help but infer from those words that the latter affection is more frequent than the former, even had they the "common sense" of our erudite author.

Secondly, in regard to diphtheritic and croupous conjunctivitis described as one disease by him, though one really just as different as is diphtheria from croup, his only answer is, that *he* and others "have repeatedly seen and treated the disease as we described it." Suppose that he has, does that make both diseases one? Has, however, the Doctor repeatedly seen either affection? In some 20,000 eye cases treated in the N. Y. Oph. Hospital during the past seven years, there has been only one, or possibly two cases of diphtheritic conjunctivitis, and *not more* than 20 of croupous inflammation of the conjunctiva; but it is true that it may be more common in the town of Wyoming, O. His quotation of the sentence which I said was omitted is only half given. Complete it and my assertion is correct.

Again, in relation to "cholesterine in the vitreous," the shower of stars observed by the patient has never yet been given by any author, I believe, as a symptom of this trouble, although not unfrequently found in some other intra-ocular diseases—"ergo." I should still like to see the patient who thus describes her symptoms, for who knows but the "little golden angels flying about" may have dazzled the author's vision when examining with the ophthalmoscope.

His last point is not important, and rests only on the inference that may be drawn from his own words. Still I should not gather from those words: "The cysticercus occurs most frequently within the eye" that this condition was rarely, *if ever*, seen in this country. The reference to Stellwag is not applicable here, as he was writing in Germany, where this disease is especially found.

The remainder of the "reply of C. P. H." is filled up in trying to be witty, and in personal abuse. A very easy way to answer a criticism. In conclusion it may be remarked that the Doctor seems to consider a man that writes a criticism either a knave or a fool, and as he has applied the former title to me, he probably retains the latter for himself, and declares that "honors are easy."

GEO. S. NORTON.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

TREATMENT OF INTESTINAL INVAGINATION WITH ELECTRICITY.

Dr. Bucquoy succeeded in curing three cases with the induced current :

1st. G. Z., aged $3\frac{1}{2}$, a delicate healthy boy complained suddenly after dinner, of severe colic and constant straining to stool and vomited several times food and bile, his stools tinged with blood. Tongue heavily coated, abdomen meteoristic, in the left side a pretty large tumor can be felt. For two days his state continually grew worse ; flatus and fæces cease entirely. Ice and carbonic acid water without success. On the third evening he applies the induced current, one pole into the rectum, the other over different parts of the abdomen. A weak current is thus well borne for 7 to 8 minutes, and then a cold injection given, which is followed in half an hour by a copious discharge. A second application of the current removed entirely the tumor after repeated alvine discharges.

2nd. A child of seven months took sick in the same manner. An injection was given, but only blood was discharged. Ice failed to give relief. On the internal edge of the false ribs a painful tumor can be felt. The electric current, applied in the same manner, brought no relief. Restless night, bilious vomiting, bloody stools. After a cold injection copious stool, but the tumor yielded only to another application of the faradic current.

3rd. A girl of 14, uncommonly well developed, took suddenly sick with severe vomiting, colic, retention of urine and of stool. At the same time a tumor showed itself below the navel of the size of a pregnant uterus in the 7th or 8th

month. Injection and electricity, though twice repeated, brought no relief though some scybalæ came from her. Next morning induced current and twenty grammes Ol. Ricini with one drop Ol. Crotonis, which brought away enormous quantities of fæces. Another physician, called in consultation, prescribed local application of ice and more cold injections. Gradually the tumor diminished, but it took a few days more before the girl felt well.—*Allg. Med. Cent. Zeit.* 47, 1878.

RUBBER IN SKIN DISEASES BY DR. BESNIER.—*Besnier* recommends india-rubber in eczema and impetigo. According to the different parts of the body affected the mode of application differs. A cap of rubber is worn where the scalp is affected; when in the face, a close-fitting mask is cut out and tightened by strings. On the trunk, waist or corsets, sleeves for the upper, tights and leggings for the lower extremities. During the first days of their application a great deal of fluid may ooze out, which may necessitate washing once or twice a day. Gradually this diminishes, scurfs form which fall off and the skin returns to its normal state quicker than under any other treatment. Patients thus treated can attend to their daily avocations without being troubled with ointments, poultices and other nuisances.—*Annales de la Societe des Med. de Gand* IV. 1877.

MILK DIET FOR OBESITY IN WOMEN.—For corpulent women suffering from amenorrhœa and sterility *Tarnier* relies on milk diet in order to reduce the bulk and to cure at the same time the sterility. On the first day she receives one litre (1 quart) milk and 2 portions of the usual food. On second day two litres milk and one portion food. On third day 3 litres milk and one portion food. After the fourth day four litres milk and no food. Where albuminuria is also present, we must be more strict than where only amenia and sterility is found with the corpulency. Where diarrhœa sets in, the treatment must be interrupted, but can be resumed after its cessation. The length of time necessary for the reduction of the adipose tissue differs in different patients.—*Annales de la Societe des Med. de Gand.* IV. 1877.

REFLEX EPILEPSY.

BY PROF. C. BERGER.

1—H. Schneider, 23 years old, soldier, received three months ago a bayonet-wound in the left upper arm. The bone was not injured, but the nervus medianus was, so that he suffered from complete paralysis and high-graded anæsthesia in the range of this nerve. Shortly after receiving this injury severe neuralgic pains and paræsthesia of the hand and fingers set in, the external wound healed quickly, but about three weeks afterwards frequent clonic twitching appeared in the left arm and four weeks later for the first time a perfect epileptic attack. Since then the shaking spasms of the arms as well as the general unconscious epileptic attacks returned three or four times a week. The epileptic attack is ushered in by a clonic spasm of the left arm, beginning in the fingers, and rapidly spreading upwards. There is no heredity in this case nor did this soldier ever suffer before from any nervous disorder.

2—Agnes Laschke entered the policlinic December, 1870. She was at that time sixteen and had not menstruated; always enjoyed good health and never, even not during dentition, suffered from cramps, nor are there any nervous disorders in the family. Four months ago she was suddenly attacked with severe pains in the small of the back and in the abdominal region, increasing to such a degree during the night, that screaming she rushed from one place to another. The pains continued with the same severity during the following day, the abdomen was somewhat bloated, there was constipation, tenesmus urinæ, and painful bearing down sensation in the hypogastric region. During the afternoon a severe epileptic paroxysm set in with total unconsciousness, general spasms; foam before the mouth, lesion of the tongue, involuntary micturition, followed for several hours by sopor. After waking up she knew nothing of her fit, but the abdominal pains kept up with the same severity that night and next day, when she had another fit. For full seven weeks she suffered from frequent fits, always preceded by an exacerbation of the abdominal pains. Sometimes she had a regular manic attack before the fit, during which she raved incoherently, run like crazy hither and thither and struck at every one who came in her way (delirium epilepticum). Several times she remained for several hours perfectly speechless, after the fit with intact motility of the tongue. Toward the end of October she improved somewhat but during December the disease returned in its full strength and she therefore entered the hospital, service of Prof. Spiegelberg. The record says: young woman, blonde, tall, illy nourished, mammx and external genitals, well developed, abdomen soft, above the symphysis an elastic hard swelling of the size of an apple and of ovoid form, painful on pressure; introitus vaginæ fully closed by a tough and tense hymen, behind which dull fluctuation can be felt; per rectum the vagina can be felt strongly extended by fluid.

DIAGNOSIS—*Hemelytrometra*. With a pointed bistoury a small opening is made in the unperforated hymen in order that the accumulated menstrual blood may

discharge itself slowly, and a quantity of this tarry blood flows out after the operation and the following day. As after a few days the uterus had not diminished much in size and spasmodic symptoms reappeared, the incision is enlarged, a part of the hymen excised, so that with the discharge of large quantities of tarry blood the uterus now became reduced to its normal size.

February, 1871. Has menstruated twice since without any trouble, duration 5 or 6 days. About a week ago a slight attack of unconsciousness without spasms. She got married and in her past confinement she passed through an attack of coma with convulsions; followed by a second fit. Puerperium normal. Her second confinement, though severe, passed off without a fit, but still she yet complains of a burning sensation at the vertex and of a veil with sparks before her eyes and hyperaesthesia in that region.

3—Henrietta Laid, *Æt.* 22, very anæmic and badly nourished; parents, brothers and sisters perfectly healthy and nervous diseases unknown to the family. Menstruated for the first time when sixteen years old; menses regular, copious, with severe pains in head and sacrum. She caught cold by scrubbing her room during cold weather, menses stopped and severe cerebral and abdominal pains set in, followed after two weeks by the first epileptic attack. Suddenly she felt fearfully hot in the head and all over her body, her face turned red and swollen, intense vertigo so that she felt like one intoxicated. This prodromal stage of two hours was followed by severe general convulsions with total unconsciousness, lasting about 24 hours. It took her a whole week to recover from this attack. For four years she enjoyed very good health, when she caught cold again during her menses, which stopped and the old occipital headache and abdominal pains reappeared, the old vertigo soon followed and with it the epileptic fits, sometimes several in one week, and then again a free interval of several weeks. Sometimes these attacks are fully developed, at other times there is only slight unconsciousness without any twitching. After every fit her body is covered with little blisters, filled with a clear fluid. Great itching of these sudamina which passes off in 10 or 12 hours. Henrietta remained under observation for several years and the two most remarkable symptoms following sometimes her fits, were hemoptoe and aphasia. The former had appeared before during the state of unconsciousness; and for a few hours she continued to expectorate bright-red foamy blood and mucus; she then complained for a few days of stitching pains in the chest and cough with mucous expectoration. Repeated examinations showed her lungs to be in a perfectly healthy state and when free from her epileptic attack she never coughed nor spit blood.

More frequently was the aphasia after the fit and this symptom lasted sometimes for a whole week. The patient is then perfectly mute, but can express herself intelligently by writing or by signs. The motility of the tongue is subjectively and objectively rendered difficult, but not entirely abolished; deglutition is also somewhat impeded. She married April, 1871, and emigrated to America.

In neither case can we diagnose hysteria, both are plain cases of pure epilepsy in persons who formerly never showed any disposition to nervous disorders. In regard to the aphasia we agree with Nothnagel, who considers epileptic aphasia a symptom of post-epileptic mental affection, a stupor with muteness. We also observed the aphasia in a girl of 12 years, who was epileptic for the last six years, and where after having lasted uninterruptedly for several weeks it suddenly changed into talkativeness with the peculiarity that she repeats every question put to her.

Whether epilepsy can arise from injuries to the skull, was for a long time a question still undecided, for all such cases must here be excluded, where in consequence of severe palpable lesions of the skull and the brain epileptic spasms set in, as a mere symptom of the trauma. We must strictly differentiate this symptomatic epilepsy from genuine "*traumatu epilepsy*." Whereas in the former we deal with a state, where from the most ancient times the trepanation gained great victories, we find in the latter a chronic diseased state, a genuine epilepsy with all its characteristic symptoms. The inter-paroxysmal state must be free and as soon as other groups of symptoms become mixed up with it, we do well to add the case to those of symptomatic epilepsy. It cannot be denied that in every case of traumatic epilepsy an anatomical lesion must be the cause of the trouble, but it is still questionable whether an analogous change took place in the medulla oblongata and the cervical cord, as in Westphal's experiment, it seems rather more probable that in many cases a cortical lesion is present and that we might call such cases *cortical epilepsy*. Odier (*Medicine pratique*) reports the case of a soldier, who after a cut with a sabre upon the left side of the head suffered from spasmodic contractions of the little finger of the right hand, which gradually extended upwards and ended in an epileptic fit. The patient died after years and at the autopsy a bloody tumor was found under the left dura mater. The British Journal of 1877 cites a case where a woman of 37, eight years before she came under observation, received a fracture on the left side of her skull. During these eight years she often had epileptiform attacks and sensation of numbness in the fingers of the right hand. Right-sided hemiplegia set in towards the end of her life and general spasms, affecting both sides of the body. The obduction revealed under the left eminentia parietalis, a depression and internally a splinter detached from the tabula vitrea, the cortical substance depressed and of a greenish-yellow color. This circumscribed lesion was close behind the fissure Bolandi, $1\frac{1}{2}$ inch above the fossa sylvii. Leyden, Nothnagel, Neftel and others have of late published cases which belong to this class of traumatic cortical epilepsy. Berger observed four cases.

4—G. G., 19 years old, during a tussel with his chum, received a hit on the left parietal region, causing some swelling of the soft parts. A quarter of an hour afterwards he suddenly turned pale and fell, perfectly unconscious, from his chair. It passed off in a few minutes and when he was himself again, he only

complained of general malaise, dulness of head, ill humor and strong palpitation of the heart. The fits frequently returned during the next two weeks; even two or three in one day and then again at intervals of a few days; each paroxysm was followed by great mental depression and palpitations. He often complained of a præcordial anguish, of nausea before the fit came on. The fit usually lasted 10 to 20 minutes with absolute coma, clonic twitchings in upper extremities, closed eyes, pale face. Half an hour after the paroxysm he was again able to walk, although feeling greatly exhausted. All the usual remedies were tried in succession, but so far without any result. He has grown a tall young man and enjoys otherwise good health.

E. F., Aet 11, perfectly developed for his age and never sick; 1872 he fell down stairs and struck his head. He became immediately unconscious, although no lesion could be observed except a swelling around his left eye. This unconsciousness lasted full four weeks and when he awoke the faculty of speech was found greatly diminished; paralysis of face or of the extremities was not present. Although the tongue could be freely moved in every direction, articulation was imperfect; he had to think for a long time before he could find the right word or could repeat it only with difficulty (*Aphasia atactica and amnestica*). Sensorium was now entirely free. After the lapse of three months patient appeared well enough again to re-enter school but learning was still difficult and he had to learn over again how to write, though not from any weakness of the right hand (*agraphia*). There was also a kind of *alexia*. Towards evening the boy showed a congested face with mental excitation, but he never complained of headache or vertigo. About 2½ years after the fall the first epileptic fit appeared after a little more than the usual mental strain. Since then he had many fits, sometimes more frequently, at other times with longer intervals. Præcordial anguish, dulness of head, vertigo, heaviness of the tongue preceded the attack, then absolute coma and convulsions. During the intervals the patient is perfectly healthy, never complains of headache, he is only irritable and easily angered. Bromide of Potash and Atropine failed, but Iodide of Potash steadily given for three months, kept the fits away for the last eight months and it is to be hoped that the cure may remain perfect.

Charcot & Pitres (Revue Mensuelle, Paris 1877, No. 1-6), in their essay, on the pathology of the cortical substance of the hemispheres, devote a large space to the epileptiform convulsions in affections of the cortical substance. As long as we witness only the spasmodic affections, without any other permanent manifestations, especially of a paralytic character, we may be permitted to speak of a cortical epilepsy. Its essential criterion is the introduction of the disease, especially of the single attack, *by local twitchings of an isolated group of muscles*. Most frequently the spasm begins in the muscles of the hand (especially of the thumb and index finger), radiates upwards to the shoulder or extends itself also to the corresponding half of the face and to the lower extremity, or eventually over the whole body. During the relatively long initial stage the patient remains perfectly conscious; which only disappears when the convulsions take on more of a general character. The fit may also set in as a simple spasmus facialis; more rarely with twitchings of the lower extremity. A deviation of the face and of the eyes; usually to the

side of the body, opposite to the convulsed one, is frequently observed. The paroxysm seems to weaken excessively the parts affected with convulsions; and this weakness may persist for hours and days. The same peculiarities are observed in every fit, a characteristic manifestation of cortical epilepsy.*

*Characteristic also of epileptic mania, where the same hallucination always ushers in the maniacal attack.

Let us now turn our attention to *syphilitic epilepsy*, by which we do not understand a case, when in the course of cerebral syphilis epileptic convulsions are observed, but that syphilitic cerebral affection, where for a length of time the epileptic spasms, without complication from other cerebral manifestations offer the sole symptom of the disease, and thus the picture of a common idiopathic epilepsy is falsely presented to us. In their well known monograph on "syphilitic nervous disorders" Gross & Lancereaux report 14 cases of syphilitic epilepsy, where during the whole course of the disease no other symptoms of a material cerebral lesion were observed. A cure followed in every case, where antisiphilitic treatment was employed and the persistence of the case could be shown years afterwards. Trousseau & Pidoux report a remarkable case of a gentleman, who was treated for years by the most celebrated physicians of London and Paris for his epilepsy, but so far without result. Mercurial treatment in its full extent was then tried, the epilepsy disappeared and even after twelve years the cure could be considered a permanent one. Haubner describes as a peculiar form of syphilitic epilepsy the following complex of symptoms: Mental disturbance with epilepsy, imperfect paralysis and a terminal, short, comatose state. In the midst of apparent health an epileptic attack suddenly sets in, followed after intervals by new ones; till finally other symptoms are observed. *The epilepsy remains sometimes for a long time the only symptom.* According to Fournier epilepsy is a frequent symptom of cerebral syphilis, and appears mostly as epilepsia gravior. Though there are hardly any differential points from common epilepsy, we may think on syphilis as the cause of the disease, where immediately after the attack transitory paralysis of an extremity, of half of the body or only of the face is observed, or where the paroxysm remains imperfect, partial unilateral (hemispasm of English authorities), in some cases even consciousness remains free. Gros and Lancereaux consider the headache, preceding the fit for a longer or shorter time, as of importance, and Buyard leads our attention to the circumscribed prodromal headache. Charcot describes a case, where the fit always was ushered in by an exacerbation of a pain, steadily localized at the right parietal bone, whereas the convulsions were seen on the left side of the body. Other authors report similar cases; though in some of them the prodromal fixed headache and the spasms were on one and the same side. Still we must not forget that interparoxysmal headache is a frequent symptom also of idiopathic epilepsy. Fournier therefore lays great stress on the totality of the symptoms observed during the whole course of the disease. We find in contradistinction to pure epilepsy, after more or less time, mostly after a few months, *intervallary symptoms*: headache, vertigo, sleeplessness, at first transitory, later persisting, paralysis, neuritis optica, etc.; in other words syphilitic epilepsy characterizes itself in its course as symptomatic, as pseudo-epilepsy, as the clinical expression of a permanent cerebral lesion. It may still be asked, whether it is possible to diagnose the disease at a time, when such criteria are yet absent or unobserved. *The age of the patient* may throw some light on this vexed question, for whereas idiopathic epilepsy develops itself preponderatingly during first and second childhood, the beginning of syphilitic epilepsy is only observed during manhood. In none of the cases, observed by Gros & Lancereaux was the patient epileptic from childhood, in all of them the first paroxysm appeared at an age, where it is only exceptionally observed in common epilepsy and Fournier puts it therefore as an axiom, that *epilepsy, when first attack appears during manhood, rouses the suspicion of syphilis as its cause.* Where in a given case the usual causes of epilepsy (heredity, alcoholismus, trauma, etc.) are

*Characteristic also of epileptic mania, where the same hallucination always ushers in the maniacal attack.

wanting, and where suspicion of syphilis is justified and where the epileptic fit evinces the characters of a partial, hemiplegic epilepsy we may consider ourselves nearly certain in our diagnosis, whether at the time other manifestations of syphilis are present or not. With hardly any exception syphilitic epilepsy appears only several years after the primary infection (1 to 8 years and over) and most authorities consider it a symptom of tertiary syphilis.

Syphilitic epilepsy in most cases is of cortical origin. It is more than probable that we must suppose as the base of syphilitic epilepsy a process in the bony or membranous coverings of the brain, thus localized that it causes irritation on the motory zone of the cortical part of the hemispheres. A steady progress in the anatomical changes finally leads to destructive lesions in the cerebral substance, manifesting itself in the motory sphere and causing permanent hemiplegia with consecutive contractions. Charcot, Heubner, Todd and others consider a circumscribed gummosis pachymeningitis with coaffection of the membranes lying beneath it in most cases as the anatomical substratum of partial syphilitic epilepsy. In the case of Echeverria, the gumous neoplasms of the pia were found in the immediate neighborhood of fissura rolandi. When an epileptic patient is regularly and exclusively attacked only on one side, and transitory paresis appear on the side attacked with convulsions, we must suppose that the brain is organically affected and a specific affection is more than probable, where syphilitic antecedents are present. It is therefore of great practical importance to find out, whether the paroxysms of syphilitic epilepsy may not also appear *without these special attributes of a material cerebral affection*, thus evincing no difference whatever from genuine epilepsy. Lancereaux, Charcot and others report cases where after several years futile treatment an antisyphilitic one brought about a cure and in doubtful cases it is our duty to give the patient that chance. Only it must not be done in a half-way manner, energetic treatment is necessary, says Lancereaux, consisting of daily inunctions of 5 to 6 Grm. hydr. ciner. Simultaneously with 6 or 10 grm. Kali jod in 24 hours, partly per os., partly per clysm. This treatment was continued in all its preciseness for 20 days, and then repeated three or four times after an interval of several days.

It may be worth while mentioning that Gros & Lancereaux affirm that sometimes in children with congenital syphilis the convulsions may be of syphilitic origin, nor can it be doubtful according to Berger that there may be also a *tabes dorsalis syphilitica*.

Different authors consider as a special form the *epilepsia vasomotoria*. Nothnagel objects to call thus all cases of epilepsy, where before the appearance of convulsions and unconsciousness manifestations of arterial vascular spasm set in, especially on the fingers and toes and extending upwards. The same author lately described these manifestations as a peculiar vasomotory neurosis, which Lardois called *angina pectoris vasomotoria*, where a stenocardic state exists, without any affection of the heart, caused by an extensive vasomotory arterial spasm. In one case with some sensation of vertigo slight clonic twitchings in the extremities set in, in another case there was nearly perfect unconsciousness. Berger (paralysis of nervous thoracicus longus, Breslan 1873) observed in several cases of *Angina pectoris vasomotoria*, the symptoms increase to a perfect epileptic fit. To all such case so far so much interest for the theory of the epileptic fit, in as much as they under the supposition of an angiospasm cause cerebral anæmia, very probably the name of "vasomotory epilepsy" should be allowed. They differ from the genuine epilepsy that they, like all peripheric forms of epilepsy, are more amenable to treatment. Characteristic for its course and development is the gradual propagation of the angiospasm from one at first mostly circumscribed part of the body (finger and hand) to larger cutaneous regions, till finally the epileptic spasm is fully developed. Local galvanization of the primarily affected parts, produced in several cases a lasting cure. If taken in time tightening a cord around the affected limb may also cut short the attack. In persons with hereditary disposition the disease quickly develops itself in its full strength and shows the same obstinacy to all treatment.—[*Zeitschrift für pract. med.*, June and July, 1878.]

Materia Medica.

PROF. S. A. JONES, M.D., ANN ARBOR, MICH., EDITOR.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA.
A Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by Timothy F. Allen, A.M., M.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College, &c., &c., &c. Vol. VIII. Boericke & Tafel; 1878.

He who looks upon these eight royal octavo volumes, remembering that they have made their appearance in four short years, cannot escape the conviction that editor and publishers "mean business." The editorial pluck is admirable—Allen could "keep a hotel" just as easy as not—the publishing promptitude is unsurpassable, and Boericke & Tafel will soon "run" a pharmacy on the planet Jupiter. Really, the energy evinced in the editing and publishing of this gigantic work is one of the most encouraging signs of the present state of Homœopathy, for the demand regulates the supply by laws as unerring as those which hold a planet in its orbit. Evidently, it is a vigorous corpse which needs such an editor and such publishers.

Since our last writing volumes VI, VII and VIII have leapt from the press—the reviewer having had a Rip Van Winkle nap. Rubbing his eyes, he will, for reasons well known to the editor of the *Encyclopædia*, pay his respects only to VOL. VIII.

"Plumbum-Serpentaria," says the gilt back of this volume—sixty-nine remedies, some of which are Cyclopean in their dimensions. From some curious whim our editor has tried to put all the *lead* he could in volume viii, and has given us sheets enough of that article to roof a cathedral. It may be only a dyspeptic's fancy, but is it ominous to be so rich in base metal? However, Allen's *Plumbum* will live in History as *the anasarca pathogenesis*. As a pathogenesis it is sadly like Michigan mutton—one takes home a fine looking leg for a roast, and commits it to the cook. At dinner, O ye gods, what a shrinkage is there! Tried by the fire its flabby bloatedness is made sadly evident, and suggests that Michigan sheep could be tapped with benefit.

At the same time it is only fair to acknowledge that any editor might stagger under such an immense load of material as Dr. Allen has collected for his scheme of Plumbum, and that sheer weariness would make an over-diffuseness in arranging almost inevitable. We who receive these volumes with such commendable regularity and such praise-commanding celerity are very apt to overlook the immense labor involved in their getting up. Dr. Drysdale says, "Nothing has given me such an exalted view of the greatness of the talent and industry of Hahnemann displayed in his *Materia Medica* as the months I have spent in the endeavor to arrange one medicine in the way he has done so many." Let us all bear this testimony in mind when we look at the eight royal octavo volumes furnished by Dr. Allen.

Plumbum has never occupied such a place in our therapeutics as its capabilities deserve. In the pre-albuminuric stage of Bright's disease it has a sphere of priceless worth; in many blood-genetic diseases it is indispensable; in the appropriate form of dysmenorrhœa it secures a radical cure, and the same may be attested of it in chronic "sick headache."

These last two facts we learn from recent provings which were made with a view of determining the action of Lead as evinced by the urine. One prover, a man aged 25, had been subject to semi-monthly attacks of "sick-headache," which completely disabled him, since his eighth year. He has escaped an attack since the proving—now nearly four months.

The other prover mentioned—a multipara—had always dreaded the agony of her menstrual flux more than she did the pangs of labor. While proving Lead her "period" came on all unawares—the old *miserery* was not; and up to date she menstruates as a normal woman should do—*painlessly*.

It may be well to add that these provers took the fifth and the third decimal dilution of the Lead acetate, and for four days ten grains *per diem* of the crude sugar of Lead. Menorrhagia, profuse and long-lasting, was a result, and some might regard the "cure" as obtained by *revulsion*; but Lead will do *its* work in spasmodic dysmenorrhœa—*obstructive*, Guernsey calls it—and this is in the line of the Lead-action on, or in, the nervous system. It may help those who are proud (*and*

able) to wear "the physiological livery" if they bear in mind that the excitant of Lead-spasms is peripheral always, *never central*. Its spasms are the best instances of reflex-action : irritation of a terminal sensory nerve filament producing *the result* in a terminal motor nerve filament. The Lead vaginismus will illustrate what is meant.

Apologising for this digression, we plead in extenuation the fact that a most valuable remedy has been neglected, and to the earnest study of all earnest workers we commend this crowning example of Dr. Allen's scholarly research.

The bibliography of Podophyllum might have included the investigations of Percy and of Anstie, for it is surely desirable to know that this drug induces "intense inflammation, with ulceration of the mucous membrane of the small intestine."

Psorinum makes one draw a long breath. You see, there are "two of it." To which of these we owe our gratitude only Messrs. *Boericke & Tafel* can tell. We have used their *Psorinum* 200 with results which were by no means equivocal. If the consequences of cholera infantum *in scrofulous children* are not amenable to Psorinum ; if this remedy, in proper cases, does not beyond question save life, then have we studied medicine twenty years in vain.

Of course, it is a "nasty" medicine. So is Moschus. Of course, *Hebra* has a funny story to tell about it ; *that* nullifies Psorinum at once ! Of course, it is Isopathy ; dreadful fact ! But, my friend, if Isopathy be a fact, one of God's verities, what *shall* we do with it ?

A little child has just come to me for a kiss before going for its mid-day nap, and before the Judge of all I do declare that only for a few timely doses of Psorinum I should now have only a pair of little empty shoes, and that heartache which time deadens but heals not.

Grateful I am for this remedy, at the same time I regard this Psorinum schema, *as a whole*, as more likely to disappoint our expectations than any yet introduced in the *Encyclopædia*. I state this with a due sense of my own insignificance, and with a readiness to avow my error when I learn it.

Meanwhile, will Boericke & Tafel state publicly *which* "Psorinum" they have potentised (begging pardon for using a word which involves an hypothesis.) ?

The schema of *Ptelea trifoliata* reminds us of Dr. M. M. Walker's recent case of monstrosity—"Acrania with cerebral Hernia." The schema has got the same "hernia"—cerebral—bad, too!

Pulsatilla—*Hahnemann's Pulsatilla*! O master of ours, until some one shall excel this thy work, MASTER OF ALL shalt thou remain!

Phillips, now of Westminster Hospital, has *done Pulsatilla* in his *Materia Medica*. It reminds me of—of—of, well, a "pismire" in the Yo-Semite valley is as near as I can come to it. *Vale, Pismire!*

How like a giant *Rhus toxicodendron* comes from Allen's hands. This schema alone suffices to show the great need for the *Encyclopædia*. Allen has surrounded the original Hahnemannian data with "a cloud of witnesses," and that remedy in all its puissant capabilities is now ready to serve him who will acquaint himself with its resources.

Rhus venenata is well worked up, and judging from personal experience is a remedy calculated to "fetch" such incorrigible sinners as defy the ordinary and orthodox "means of grace." We have always been proof against *Rhus radicans*, handling it, eating the leaves, even pricking the juice into our skin with impunity. In the summer of '76 we ate a few leaves of *Rhus vernix*, and in three-quarters of an hour the you-know-who was to pay.

"The shirt of Nessus was a bagatelle compared to the burning in our arms. The external application of "Vaseline" produced ease at once, and we have never seen a *Rhus* poisoning so quickly subdued. Not having had an opportunity to make a second trial we call attention to "Vaseline"—really Cosmoline—as a remedy in *Rhus* poisoning. That it is indicated for choleric Welshmen I know.

Robinia is given in two versions, and from that of Hauatt "Good Lord, deliver us!" Hauatt is the Munchausen of Homœopathy—many have aspired to this proud title, but it is his by "divine right." While we turn away from Hauatt's schema of *Robinia* with a righteous scepticism, we are aware that there is good evidence tending to show *Robinia* to be a much farther-reaching remedy than would be inferred from Dr. Allen's seven "authorities." If Dr. Allen will turn to the *Phil. Jour. of Pharmacy*, vol. vi, p. 285, he will find that Dr. Gendron, of Montpellier, saw some schoolboys who had chewed the bark of the root, and in whom vomiting, lethargy, and convulsions

supervened. A brief but highly corroborative proving by the late Prof. J. S. Douglas, has escaped Dr. Allen. *Proceedings of the Second Annual Meeting of the Western Institute of Homæopathy*, p. 40.

Sanguinaria presents a piece of good work, and if the reader will consult a paper on the physiological action of Sanguinaria by Dr. R. Meade Smith—*Amer. Jour. of Med. Sciences*, Oct. 1876—he will have a good clue to lead him through its symptom-mazes.

Secale, with its one hundred and seventy “authorities,” is well, but not exhaustively, done. Completely done, it would rival Dr. Allen’s *chef d’œuvre*, *Plumbum*. As it is its twenty pages are pregnant with meaning to him who can read them by the light of the physiological action of this drug. Ergot alone gives ample evidence that all cure-work is not performed by virtue of the law of similars. Ergot is good for “hidebound cattle—we are fain³ to hope it will do as much for not only quadrupeds.

In the minimum dose its uses are limited; in *omni dosi* it includes an extensive area.

Sepia has grown to the dimensions of an Arab beauty, and by the same process—stuffing. But all this is *sotto voce* and strictly confidential.

The completion of Dr. Allen’s labors draws near, and the next duty of the school will be to secure such an examination of the whole work as was begun by Dr. Dunham. Errors have crept in; they are, indeed, unavoidable in a first edition of a work of such magnitude. They must be eliminated by long and laborious collation, and then the *Encyclopædia* will be a peerless pathogenetic record.

This voluminous work will fall far short of its usefulness if it lacks a repertory. Without that it will be like a full set of a journal which lacks an index. For practical purposes a repertory will be of equal value with the *Encyclopædia*. A hint from Drysdale will not be out of place, and he says: “A pretty good test of a man’s practice is the use he makes of repertories of the pure symptoms. * * *

* * * To remember the minute symptoms in the *Materia Medica* is simply impossible, and therefore he requires a catalogue of them, so contrived as to furnish easy reference.”

And why “the minute symptoms?” The same authority declares, “The minute subjective symptoms of the medicines are the final and

completest means of adapting the specific action of the medicine to the specific character of the disease. They are, therefore, the *ultima ratio* in the differential diagnosis of the more or less numerous medicines that are given us, as equally indicated by any or all of the other methods combined." *On the Use of Specifics.*

A repertory to the Encyclopædia will be to us like a lamp to the miner, and the selfishest consideration urges all to subscribe for the obtaining thereof. Answer the Publishers' Prospectus at once.

S. A. JONES.

HELLEBORUS NIGER.*

I send a partial proving of Hellebore made by a prover in whom I have great confidence, having personally superintended a considerable number made by the same person. The record indicates great sensitiveness to Hellebore, if not to drugs in general. Though made several years ago, it has lost none of its value by keeping.

H. P. GATCHELL.

At 3:30 P. M. Thursday, Jan. 14th, took a dose of pellets Hell. 2d. Within two minutes prickling and burning of the eyelids, then violent throbbing of the heart, dimness of sight, alternate feelings of mirth and melancholy, great desire to laugh, followed by desire to weep.

Catarrh of left nostril—Headache over eyes extending to temples, with a sensation as if the skin were drawn tight over forehead, accompanied by a disposition to frown, weak feeling in head, sense of there, tired and sleepy, happy carelessness about everything, pressing fullness in rectum, great desire to urinate, don't wish any one to speak to me or look at me, temples feel as if they would burst, feel indifferent to family, shortness of breath in reading or speaking, tremor of the whole body, cold feet, sight obscured, feeling as if cold air was passing through hollow teeth, aching pain in socket of eye, great desire to be in a dark room, great tranquility and desire to lie down.

At 4 P. M. repeated the dose—Feel as if blood was thin and poor, feel listless and lifeless, hands cold. Pain in left shoulder, which feels higher than the other. Sharp pain in left breast near arm pit; pain piercing. Pain also lower down in region of heart.

Catarrh increased—Coldness of whole body, pain under shoulder blade (left), want more fire, aching pain in lower limbs as they get warm. Do not wish to speak, dread company, breathe better with mouth open. Great feeling of self-confidence. Burning in stomach. Feeling as from grief. Aching pain in back above the waist, rocking from side to side. Aching feeling in rectum. Disposition to sit all the time.

*Northwestern Annalist.

Repeated dose at 4:30 P. M.—Great restlessness, excitable, impatient, hopeful. Feel as if circulation increased. Could run a race, accomplish great deeds, fearless. Feel as if brain is boiling. Pain under right shoulder-blade. Feel as if a fluid were pouring into stomach. Distended abdomen, wind in intestines. Pain near right arm pit. Very tired. Head confused, noise hurts, sound of wind distresses. Lay down in a kind of stupor, awake about an hour later refreshed by sleep. Feel stronger. On leaning over pain in left breast, pain in region of right ovary. On moving, pain in left breast and shoulder, extending down the arm to elbow. Friday—Feel chilly with dull pains in head. Saturday, sensitive to cold, with sharp needle like pains in and about the eyes, with nausea. Tired feeling all day. In the evening breathing oppressed, nausea with extreme prostration, relieved by bitter vomiting, followed by helpless feeling, indisposition to be spoken to, or to be looked at, itching as from ascarides. Saturday—Irritable, not wish to be looked at, brain feels too large, pressure in rectum, at night bitter vomiting. Sunday—Feel as if flesh is soft, soreness on pressure over whole body. At night, after retiring, tearing and rending pains in joints as if torn apart. Monday—Awoke with a sensation as if brain too large, with severe pain in the forehead, relieved by pressure. Pain in paroxysms aggravated by movement. Pains like rheumatism in limbs, pains as if in the bones. Flesh feels soft. Brain too large in front, occiput feels empty. Afterwards reverse in forehead and occiput feels as if it would fall forward. Disposition to lie down and roll head from side to side. Feel helpless like an infant, as would like to lie in mother's arms. Disposition to draw up feet like an infant. Forehead feels hot to hand, wants ice on head. Moans, pulse small and feeble, 78. Flesh feels soft, fullness in rectum, dread light. Lancinating pains from epigastrium to rectum. At night, nausea, prostration and bitter vomiting. Tuesday—Soreness in flesh, weakness, nausea after eating, heaviness about heart. In the morning, unable to read a letter for dimness of vision. A paralytic feeling of the limbs. They feel large and heavy, can raise them with difficulty.

In the course of the symptoms China and Camphor were used as antidotes without the slightest effect. Belladonna was tried for the head symptoms with brief palliation. Cham. relieved the head, and Arsenic the stomach. Characteristics are aggravation at night and after eating, but still more the sense of infancy. Nor is it more strange that Hell. should recall the stage of childhood than that disease should both recall childhood and anticipate senility. I should conclude that Hell. like Cham. and Ip. is peculiarly adapted to disease of childhood, as well as Conium, Baryta and Kreosote to those of old age.

The organs chiefly influenced are evident. The anterior brain, heart, stomach, liver, rectum, and blood. And if the nausea was due (as it apparently was) to bile, the heart symptoms also not being prominent, then the organs (including blood) were chiefly front brain, liver, rectum, and blood, characteristic also of infancy.

I notice that Jahr's manual has among the symptoms of Hell. diminished sexual instinct. I should not regard Hell. as a remedy for sexual exhaustion, but for original deficiency of ardor, in fine and undeveloped sexual functions.

PYRUS AMERICANA.*

(*Mountain Ash.*)

BY H. P. GATCHELL, M. D.

My memory of details, never remarkable, except as the details belonged to some system, is not as good as in earlier life, and in the matter of disconnected or partially connected incidents, the widow Bedott could, at any time, have given me five points in ten, and then have beaten me easily.

No. 1. of the provers was a married lady; No. 2 and No. 3 were lads. The tincture of the bark was used, several drops being put in a cup of water, of which teaspoonful doses were given and repeated at, I do not remember what, intervals. Myself experienced some irritation of the eyes; no other symptoms.

No. 1. Feels like crying. Feels as if the knees are immensely swollen, as if the toes the same. Knees and toes ache. Feels constricted around the waist, obliged to loosen the clothes at once. Headache begins over the eyes, left side of head aches terribly, like a tooth ache. Aches everywhere, in every joint. Left great toe feels as if torn from the socket. Sense of prolapsus of womb, bearing down and pressing out, as if swollen, and burning all over. Pains in the head knife-like. All the pains intense, acute. Thinks the conditions that of inflammatory rheumatism as if the lungs were congested, especially at the base. Can hardly breathe, as if cold water in the stomach. Thinks mucus accumulated in the cold stomach. Craves hot teas. Headache extends to the right side. Head feels as if it would burst. Great weight on top of head. Toes burn. Aching at heart. Twinging pains in arms, legs, and toes. As if rectum were shrunken, dried up. Bearing down pains and pressing out, like labor pains. Feels gloomy and discouraged, but can't cry. Very cold, shivers internally; thinks she must look blue. Cold creeping all over. Pain in knees subsides, and is succeeded by pain as in the tendons and along the calves. "Oh, such a drawing pain, cutting and darting also, like that in the head." Feels resolute, as full of a gloomy determination. Stomach cold again. Thinks meat bad for her, would not digest; needs soft, mild food. Irritation of bladder and urethra; feels as if prolapsus of bladder. Dreads to move, especially on account of the joints. Sensitive to cold. Stomach still feels as if full of cold water. Sick feeling under right scapula. Thinks bile deficient. Shooting pains in forehead. Feeling as if coldness in stomach extends up under the sternum. Same feeling in

*Northwestern Annalist.

the gullet. Excessive aching of bones of toes; seems unendurable. Thinks the stomach very weak, as if it would digest nothing; thinks it is dry and wrinkled. Hypochondriac, not nervous. Feels lazy, as if she would like to lie in bed and be waited on. Selfish. Headache penetrating in temples. Thinks she is clairvoyant, can read character and understand motions; can see into herself; thinks the blood dark blue. Feels pains drawing, rending along posterior aspect of thighs and down to toes. Left side most affected. Feels as if the left leg drawn up, and would never straighten again. Pains seem to move in meandering lines. Seems to be able to go out of herself for a short distance, to walk around and return into the body. Thinks she is looking down upon her own body. Seems to her that the fundus of the stomach is depressed in the abdomen, as if on fire at the pyloric end of stomach. Thinks there is a red spot there, looking like raw beef, as if the stomach burnt up with raw whisky. Exclaims in a plaintive tone, "Don't get out of patience with me," (of which I had given no indications). Cries, feels babyish. Apprehension; fears something terrible is about to occur. Very chilly. Can't talk loud; voice gone. She feels so weak, as if about to die. Moans and groans, calls for help. Oppression about the heart, as if it had stopped beating, as going into convulsions. Feels as if a spasm of the heart, tetanic. As if the blood too thick to circulate. Thinks she would have died but for the Camphor I gave her. Felt as she did when near dying of hemorrhage. Brain is active, intellect clear, thoughts vivid, the whole being intensified. Next morning, sense of constriction at base of lungs. Some cough. Clammy feeling of skin. Very sensitive to air.

No. 2. Causes a glow all over, hands sweat. Some pain in finger joints. Throat feels obstructed. Some hoarseness. Dry cough, as if pharynx stuffed with cotton. It is an effort to talk. Tongue feels partially paralyzed, cannot direct it. Throws the paper down, has lost inclination to read. Feels indolent, indifferent. Feels chills when air strikes. Spasmodic breathing, like a nervous woman—silly, mystical. Pain in finger joints continues. Feels like crying. Sad, weeping mood. Tears will come. Eyes smart. Heart aches, as from some great sorrow. Eyes feel as if had been crying a long time, as if swollen, burning. Very sensitive to cold, easily chilled. Chills down the back and both legs. Ends with a very tranquil feeling, particularly of consciousness. Next morning, tight feeling of patella. Joints all feel constricted and sore.

No. 3. Very chilly. Can't endure cold at all. Other symptoms not recorded.

In all three, pains and chilliness much increased by moving about.

No. 1. Subsequently her muscular condition was much improved. Her muscles did not ache from work as formerly. A cut bled less freely than usual, bled scarcely any, and healed very quickly.

Book Notices, Etc.

HOMŒOPATHIC THERAPEUTICS. By S. Lilienthal, M.D., Editor of *North American Journal of Homœopathy*, Professor of Clinical Medicine and Psychology in the New York Homœopathic Medical College, and Professor of Theory and Practice in the New York College and Hospital for Women. Bæricke & Tafel, New York and Philadelphia. 1878.

It has come at last, and we can now place on our shelves a work on Homœopathic Therapeutics which fills a niche long left vacant. For this we must all return thanks to the veteran Homœopath, Professor Samuel Lilienthal, M.D., of New York, who has here given us the result of "an experience of forty years' practice and study." Coming from this source we all know how thoroughly reliable the work must be.

The work is an octavo volume of 700 pages, and in press-work and binding does great credit to its publishers.

It is proper to explain to the reader that this is a sort of a repertory and materia medica combined, gotten up much after the fashion of Jahr's Clinical Guide, but a great improvement on the latter.

Every affection in the category of disease is given, followed by a well-selected list of remedies, and this in turn is followed by the principal remedies for the given condition, with the special indications for each.

Here we find clear-cut indications for the use of many of the new remedies, all arranged under appropriate headings, knowledge for which the practitioner has heretofore had to search through many books and pamphlets.

Another excellent feature is a separate discussion of those remedies which are applicable to the acute and the chronic form of the same disease.

And it is refreshing to see the *characteristics* stand out among the other symptoms in bold, black type. As, under *Headache*:

"Pulsatilla, * * pale face * * no thirst * * palpitation of the heart * * during rest * * ."

Or, under *Ovaries*:

“ *Colocynthis*, Ovaritis supervening on abortion, stitches in ovaries, diarrhœa, colic, pressure in abdomen, suppression of lochia, tenesmus, or intense boring, tensive pain in ovary, causing her to draw up double, with great restlessness.”

Here we find better expressed than anywhere else the indications for one of the uses of *Colocynth*, which we have more than once verified. The book is full of such.

On turning to another page we find the weakly bantling *Lac defloratum*, and its baser relative, *Lac caninum*. Well, we suppose that if some folks will live on *pap* a supply must be kept up.

On the whole it is an extraordinarily useful book, and those who add it to their library will never feel regret, for we are not saying too much in pronouncing it the *best work on therapeutics* in homœopathic (or any other) literature. With this under one elbow and Hering's or Allen's *Materia Medica* under the other, the careful homœopathic practitioner can refute Niemeyer's too confident assertion—“ I declared it idle to hope for a time when a medical prescription should be the simple resultant of known quantities.”

Doctor, by all means buy Lilienthal's *Homœopathic Therapeutics*. It contains a mine of wealth. CH. G.

And we now add another review of the same work by our *Materia Medica* Editor.

That that incarnation of perpetual motion, the ever-doing “ S. L.” should at last boil over *pro bono publico* was to have been expected, and here we have 710 large octavo pages “ culled from our whole literature.” As true as the world I had instinctively spelled literature with three *l*'s because of the innate intuition that there is need of “ culling.”

The book before us is not one upon which a man ambitious for the pride of authorship would have spent himself. It had its origin in a broader and kindlier motive than love of self. It is a deed of a far-reaching love for one's fellow-men, and “ S. L.” may write his name on the same line with Abou Ben Adhem.

Certainly no one in our ranks is so well qualified for this work as he who has done it, and in considering the work done we must have a true conception of the proper sphere of such a work.

As the author says in his modest preface, it is designed to "give hints, and only hints, and it always necessitates farther study in order to ascertain the similimum." Clotar Muller has said :

"A homœopathic therapeutic manual, in the first place, can never include all the diseases met in the daily practice of the medical man, even if it were as perfect as possible, and contained all the diseases susceptible of being classified under any imaginable pathological system. * * * * But even granted that we could get a therapeutic manual which comprised all diseases in easily found general titles, still, in the second place (and this is the chief thing), it could not contain more than a mere small selection, compared with the inexhaustible varieties of each disease, and *always only a circumscribed list of those medicines which might in reality be suitable.*"

The italics are ours, and they emphasize a fact which many users of Prof. Lilienthal's book must not forget.

Our remarks, too, are explanatory, not apologetic—the inevitable needs no apology.

Our author says : "Jahr's *Clinical Guide*, which I had the honor to bring out in a new edition some ten years ago, is still the skeleton around which I have clustered the experience of our best men." He does not tell us that he has out-Jahred Jahr in fulness and minuteness of detail. Let the reader consult the article on *Vertigo* as an example of this. *Headache, Cough, Diarrhœa* and *Intermittent Fever* are specimen bricks. Only one who reads everything and makes notes of his reading could have done this book, and patient, painstaking "S. L." has done for us that which a love of ease, to call it no worse, has kept us from doing for ourselves. Note the plural, dear reader.

We are glad the book has, at least, one mistake. At p. 397 I find this : "LAUROCERASUS. She is unconscious of a shock passing through her whole body before spasm (hell.)."

The "profane" writer hereof read it—"She is *unconscious* of a shock passing through her whole body before spasm—hell!"

After a shudder at our depravity we turned to Guernsey's third edition, and at page 423 found, "She is conscious of a shock passing through her whole body before the spasm."

No "hell" there, says my reader. Well, we don't know—in the first place, it is one of those nondescript "key-notes," and, in the second, it is only a clinical symptom.

For the fresh graduate this book will be invaluable, and to all such we unhesitatingly and very earnestly commend it. To the older one who says he has no use for this book we have nothing to say. He fills us with wordless awe. He is a good one to avoid when well and to dread when ill. We also hope that he is severely an *unicum*.

S. A. JONES.

HANDBOOK OF THE PRACTICE OF MEDICINE. By M. Charteris, M.D., Professor of Practice of Medicine, Anderson College, Glasgow, with Illustrations. Philadelphia: Lindsay & Blakiston. 1878. pp. 336, 12 mo.

The publishers present, in their usual neat and attractive style, a very good handbook, by Prof. Charteris. It is brief, exact and comprehensive.

PHYSICIAN'S VISITING LIST FOR 1879. Lindsay & Blakiston, Philadelphia.

Neat, convenient, durable and well arranged. For 25 patients weekly, \$1.00; 50 p., \$1.25; 75 p., \$1.50; 100 p., \$2.00.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the Use of Physicians and Students, with Illustrations. By James Tyson, M.D. Philadelphia: Lindsay & Blakiston. 1878. Price, \$1.25.

A second edition of this excellent manual is now presented, for the use of students and practitioners, containing many facts and references which were not included in the first issue.

THE PREACHER AND HOMILETIC MONTHLY. Rev. J. H. Funk, Editor. New York. The Religious Newspaper Agency, 21 Barclay Place, New York. \$2.50 per year.

The October number is the first of the New Series, combining the complete Preacher and the Metropolitan Pulpit. It is an excellent magazine of 64 pages per month, containing reports of the best sermons and sermonic criticisms, homiletic hints, themes, etc.

Other Reviews and Book Notices are reserved for December number.

Physiology and Hygiene.

JAMES D. CRAIG, M. D., DETROIT, MICHIGAN, EDITOR.

We take pleasure in calling attention to the following paper from *Scribner*, and feel sure that its perusal will well repay the reader.

The history of consumption and its treatment demonstrates the fact that medicine plays a very small part in its cure, and still less towards its prevention. So true is this, that it is a disease which has been justly called the opprobrium of the Healing Art.

It is now well known that the causes of Phthisis lies in faulty nutrition, impure air, and exposure to vicissitudes of weather while imperfectly protected. That men with consumptive tendencies can endure and be benefited by exposure when well protected by warm clothing, was demonstrated during our late war in hundreds of cases, many with unmistakable symptoms of the approach of tuberculous disease having been restored to robust health by camp and field life.

However much the theories of Graham may be open to objection, and they certainly are, there is no denying the fact that he not only called attention to the abuses of diet which the writer in *Scribner* mentions, but he and his disciples have done more to popularize the use of unbolted flour and fruits for food than all other means combined, and in so doing has conferred a lasting benefit on not only New England, but the whole nation.

THIN LIVING AND THICK DYING.*

If any reader of this article will take General Walker's Statistical Atlas, based on the results of the Ninth Census, and turn to the page which represents the mortality from consumption, he will be startled to see that, over an immense area of the Northern American territory, one-fifth of all the deaths that occur are in consequence of this fell disease. The whole of Maine and New Hampshire, the most of Vermont, Massachusetts, and Connecticut, and all of Northern New York, show that two thousand out of every ten thousand who die, owe their death to consumption; while in very much larger areas about the great lakes, the deaths from this disease range from one thousand four hundred to two thousand in every ten thousand. If Asiatic cholera were to claim in these unfortunate regions, in a single year, as many victims as consumption does, it would be regarded as a terrible epidemic,—perhaps as an awful visitation from heaven.

It would be a great benefit to New England and all the regions associated with her in this sad scourge, to know how far the dangers of their inhospitable climate can be avoided by a change in diet and regimen. Our own opinion is that consumption can be driven from New England in three generations. Let us try to get at some of the facts in her case.

* *Scribner* for July.

The first fact is that her climate is very severe. In truth consumption seems to be inseparable from the New England climate, and to be associated with all climates that resemble her own in the northern parts of the country. Wherever the frost comes early and the winters are hard, and the springs are slow there consumption makes its home. The next fact in the case is that certain ideas in regard to diet and regimen have prevailed in New England, especially among rural populations, which ignore these facts of climate. Where so much of life's fuel is required to keep a man warm, there has never been enough taken in to repair the waste of labor. In these consumptive districts we have had a large population proverbially and notoriously given to hard and constant toil, and as proverbially and notoriously frugal in their way of living. Their sleeping rooms have not been warmed; it has been considered quite effeminate to dress heavily; and almost disgraceful to favor one's self in the matter of work. In short, the people have not eaten enough of nourishing food; they have not dressed warmly enough, they have slept in temperatures altogether too low, and lived too much in their unventilated kitchens.

A man does not need to be old to remember the time when all New England was infatuated with Sylvester Graham's notions concerning food. The New England colleges were hotbeds of consumption. Many of their students made long tramps while fasting in the morning, and came back to breakfasts that were suicidally meager. They died by scores,—by hundreds. Graham was a man of brains, but he was a man of mischievous hobbies; and instead of helping New England, as he most conscientiously endeavored to do, he harmed her grievously. It is true that there has been a great change in the popular opinion, but this has not yet fully pervaded the rural districts. In the towns the people live better; and students have learned that they must eat, and eat well, in order to keep themselves in health and to be able to do good work.

At the tables of how many farmers and mechanics, we wonder, is the buckwheat breakfast gone into disgrace? We readily recall the time when uncounted multitudes of families broke their fast of twelve hours and faced the work of a blustering winter day with nothing but greasy buckwheat cakes and molasses! They might almost as well have eaten sawdust; and what had they for dinner? Boiled salt pork and potatoes, and for supper boiled salt-pork and potatoes again—cold, and made palatable with vinegar! Ah, we forget the pie,—the everlasting pie, with its sugary center and its leathery crust,—the one tit-

illation of the palate that made life tolerable. Good bread and butter or milk, abundant fruit, beef and mutton, nutritious puddings,—all these things have been within the reach of the people of New England, for they have always been the thriftiest people in the world ; but they have cost something, and they have not really been deemed necessary. The people have not realized that what they regarded as luxuries were necessities, and that the food upon which they have depended for protection from the climate, and for the repair of the wastes of labor has been altogether inadequate, and has left them with impoverished blood and tuberculous lungs.

For, after taking into account all the influence of heredity, which is made much of in treating of the causes of phthisis, insufficient nourishment is responsible alike, in most instances, for the deposit of tubercle and the inflammation to which it naturally gives rise. There are many men, who, by a change of living, render the tubercles already deposited in their lungs harmless. Vitality becomes so high in its power that it dominates these evil influences, and they live out a fairly long life with enemies in their lungs that are rendered powerless by the strength of the fluid that fights them. We have seen consumption cured again and again by the simple process of building up the forces of vitality through passive exercises in the open air, and the supply of an abundance of nutritious food ; and we have no doubt that it can be prevented in most instances by the same means.

No human body can long endure the draught made upon it by a cold climate and by constant labor, unless it is well fed, well clothed and well housed. Somewhere deterioration will show itself, and in New England,—nay, all over the kingdom of Great Britain it is the same, where the people are worse fed than here,—the poverty of blood shows itself in the deposit of tuberculous matter in the lungs. There should be by this time some improvement in New England, in consequence of the increased intelligence of the people, but so long as so many of them are running westward, and their places are taken by an ignorant foreign population, it is not likely that the statistics will show much improvement for a great many years to come. If our physicians could only be paid for preventing disease, and could be permitted to perscribe for each family its way of living, there would be but little difficulty in routing from its stronghold that most fatal and persistent enemy of human life which we call consumption.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

RESPONSE TO DR. NORTON'S "ANSWER."

Dr. Norton cuts such a sorry figure in his vain effort to answer our reply to his review of our work on the Eye, that we have been tempted to let the matter drop without any further comment; and we would certainly do so as it is, were it not that he has sought to convey the impression, that the few points of his review which we selected as illustrations of his unfair method of criticising the work, were the only vulnerable ones we could find. Why, bless his innocent soul, there is not one of the "twenty or more" points that he refers to in his review, but what is as vulnerable as those we have refuted, as we shall have the pleasure of showing him. And in doing this very necessary work, we may reasonably hope to confer a lasting benefit upon the 3,000 patients who are annually subjected to his treatment in the N. Y. O. H., on the principle that "*empta dolore docet experientia, et docet stultos.*"

We wish to have it understood at the outset, that we shall not imitate our learned confrere, the "semi-author," by resorting to the artifice of loading down our reply with pedantic references to writers of whom not one in a thousand of our readers may have ever heard, but we shall confine ourselves to the *standard works in use in all our schools to-day*, and this for the simple reason that they are not only reliable, but are accessible to all who may choose to verify our statements; and if we find ourselves fully supported by such authorities as Stellwag, (von Carion), Soelberg Wells, T. Wharton Jones, Mackenzie, Williams and Angell, not even excepting our learned critic himself, we think that we and our readers can, without undue presumption, afford to rest satisfied with the general accuracy of our work. We have included Angell's work in the

above list, not only because it is on the whole a meritorious work, but because it is in general use in our schools, and has reached a fifth edition, *issued since the appearance of our book* For the latter work our critic has no words of condemnation, while ours is represented as being FILLED with "mistakes," MOST of which so-called errors are contained in Angell's work, and ALL OF THEM in the standard works above-mentioned. "O consistency," etc.

Now to the proof. We will first notice his "answer" to our "reply." Although he labors hard to set aside the *animus*, it is too plain a case for denial, or argument; it virtually stands confessed—the attempt at explanation only making the fact all the more manifest.

The claim of *originality* which our critic sets up relative to the treatment of *cellulitis orbitæ*, based upon the similarity of our lists of remedies, is too amusing for serious consideration. We borrow from *him*? Why, bless his knowledge-box, the remedies mentioned were used in this and similar affections long before G. S. N. ever saw the inside of the N. Y. O. H. Nevertheless, in token of his superior attainments, and as a partial reward for the arduous labor spent in acquiring the information referred to, we would contribute handsomely towards procuring a medal commemorative of his achievements in ophthalmic therapeutics, on one side of which should be inscribed "*In perpetuam rei memoriam.—G. S. N.,*" and on the other, "*Acon., Apis, Bell., Bry., Rhus, etc., in cellulitis orbitæ.*"

The next point, relative to "the comparative frequency of inflammation of the lachrymal sac and erysipelatous inflammation at the internal angle of the eye," is answered by an expression of wonder that he could have been so simple as to mistake the obvious meaning of a quotation which, he says, was correctly given, but which he still thinks has a different meaning!—reminding one of the old saying, "Convince a ——— against his will, and he will be of the same opinion still!"

The next point at issue relates to a distinction by Saemisch between *conjunctivitis diphtheritica*, which he says, *always leaves scars*, and *conjunctivitis crouposa*, which he asserts *does not*. This point I have already answered, by showing that I am in full agreement with both Stellwag and Williams. Moreover, I will remind G. S. N. that "the latest pathological fact concerning the diphtheritic membrane, is, that the latter is always a *desquamation*," and therefore does not necessarily *always leave scars*, Saemisch to the contrary notwithstanding. But it is sufficient for me to show my accord with one or more of our *standard authors*, as that is the only kind and degree of accuracy that I ever claimed for the work, and all that any reasonable person can demand. If the above-mentioned authors, whose authority on all questions pertaining to ophthalmology is acknowledged the world over, are in substantial agreement with me on this point, then I submit that, so far as this question is concerned, my work is entitled to equal credit.

Next, in relation to "cholesterine in the vitreous," G. S. N. says "the shower of stars observed by the patient has never yet been given by any author as a symptom of this trouble." This simply shows his ignorance, as does all the rest of his article. If he will turn to page 140 of Stellwag's incomparable work, he will find the following, word for word:—"Where there is much cholesterine in the fluid, the brightly-glittering bodies present a beautiful appearance, which, in some cases, may be compared to the twinkling of sparks or shooting stars. *If the retina is healthy the phenomena appear to the patient also like stars suddenly lighting up, or a shower of sparks.*"

We now come to the last point in this "answer," relating to cysticerci in the eye. He says, "this point is not important, and rests only on the inference that may be drawn from his own [my] words." Now, as this is no answer to my statement in the text, as fully set forth in my "reply," it is not necessary for me to go over with it again. That "the condition in question

is rarely, if ever, seen in this country," has nothing to do with the question. I said "the cysticercus occurs most frequently within the eye," a statement absolutely true, and confirmed by the testimony of Stellwag and others. I was not talking about Germany, or any other country, but simply describing a certain condition of the eye. But, anxious to make out a point against me, this critic goes off, "half cocked," and says, "we notice affections of the eye, which are of the utmost rarity, represented as of frequent occurrence." etc. Now, this statement is not correct and he knows it, yet, like other small minds, he has shown himself incapable, after having done you an intentional injury, of making the *amende honorable*, but reiterates the error even after it has been fully proven to be such. But this is not all. After he has raised the false issue, he fails to do justice even to that, by suppressing the fact, that one operator alone, Von Graefe, met with *nearly one hundred cases*. On the other hand, he takes me to task for the omission of "diseased conditions of the eye which are not so rare," such as "embolism of the central artery of the retina, or hemorrhage into the optic nerve." Now, the latter I have referred to no less than four different times, to wit, on pages 166, 167, 171 and 173; while with reference to the former, Stellwag says, page 222, "If we consider all the cases of so-called embolus of the central retinal artery which have been published, we find that the hypothesis of an obliteration of the central artery by an embolus can really be maintained only in a single case, in which an embolus is said to have been actually found." Even this case is discredited by Stellwag. Now, I do not pretend to deny the fact of its occurrence,* but simply give Stellwag's opinion. And so far as the frequency of its occurrence is concerned, Angell, in the last edition of his work, issued since the publication of mine, says, page 195, "Embolism of the central artery of the retina is a *rare disease*. I have noticed the publication of only one case in this country."

I have now refuted every point in Dr. Norton's "answer" to my "reply," and must stop for the present for want of room; but I still find myself burdened with such an amount of material concerning the erroneous statements made in his review, as to be only an *embarras des richesses*.

*I am aware that up to this date no less than eight cases of "embolism of the central artery of the retina" have been published, in seven of which the embolus is said to have been found; but *none of the latter* were found in this country, and therefore according to Dr. N.'s unique argument with reference to the occurrence of "cysticerci in the eye," *are not worth mentioning!*

Miscellanea.

DYNAMIZATION VS. EMPIRICISM.

BY H. M. PAINE, M.D., OF ALBANY, N. Y.

The annual meeting of the Homœopathic Medical Society of Northern New York was held at Saratoga Springs, July 9, 1878.

A discussion regarding the utility of high potencies occupied a greater part of the session. Their use was ably defended by Dr. French, who presented and read a paper on this subject. A paper was also read by Dr. H. M. Paine on the dynamization of homœopathic remedies, in which he claimed that no evidence has ever been adduced showing that this peculiar process has any relevancy whatever to the proper application of the homœopathic principle; and, also, that the use in practice of dynamized remedies is not based on a reasonable or well-defined principle; therefore, the use of such preparations is evidently non-homœopathic, and those who resort to them must necessarily apply them empirically.

A motion was made and lost, to rescind a resolution adopted at the previous annual meeting, prohibiting the Secretary from publishing in the proceedings of the Society reports of cases alleged to have been cured by the so-called high potencies.

This decision on the part of a majority of the members present was not prompted by illiberality or intolerance. On the contrary, they deemed such action eminently wise, necessary and conservative. They did not attempt to prohibit the presentation and consideration of reports of cases alleged to have been cured by the use of the so-called high potencies at meetings of the Society. They merely considered it unnecessary and inexpedient to continue the publication of such reports as a part of the proceedings of the Society, for the reason that the records of transactions, when made public, constitute, to a certain extent, an endorsement of a method of practice long ago proven unreliable and erroneous.

When vague and fanciful theories and methods of practice, held by a small minority, are repeatedly presented and publicly advocated, the whole body of the membership comes at length to be considered, in a measure, responsible. The views of a minority of the members

were deemed extravagant and detrimental to the interests of the homœopathic school. A major part of the membership, therefore, deem it to be right and expedient to protect themselves from the dangers into which they are being forced by the misguided zeal of a few who still adhere to some of the errors promulgated by Hahnemann, long ago found to be fallacious and unreliable in practice, hence never accepted by a large majority of homœopaths.

The majority of the members had no alternative other than a resort to such a measure as would effectually disengage the Society from even quasi endorsement of theories subversive of the essential principles of the homœopathic school. They were also strengthened in their position because experiments with dynamized remedies have been repeated for many years, the results of these useless experiences being so generally unsuccessful that a continued repetition can be considered in no other light than a form of *empiricism*, which should no longer receive the endorsement of true homœopaths.

While, at first, it may have been expedient to publish the results of observations with the use of dynamized remedies, it is now evident that a continuation of this privilege is wholly unnecessary, and, if persisted in, would bring into disrepute the essential principles of homœopathy, thereby strengthening the conviction that the homœopathic system of therapeutics is unphilosophical, unscientific, visionary, and has no superior qualities over those of other methods of practice.

The following resolution was adopted :

WHEREAS, The theory of dynamization set forth in the Organon, has, in the past few years, developed in the homœopathic school a peculiarly extravagant and extremely questionable method of preparing homœopathic remedies, which seems to be clearly without explanation upon any known principle other than that derived from magnetic or psychological forces ; and

WHEREAS, The accumulated experience of the past half century has demonstrated, that the process of dynamization of medicinal substances, described and recommended in the organon by Dr. Hahnemann, is neither consistent with the principles of the homœopathic school nor reliable or satisfactory in practice ; and

WHEREAS, It would appear that sufficient time and an abundant opportunity has been afforded for furnishing conclusive evidence

showing the scientific and practical value of the theory of dynamization of medicinal and non-medicinal substances, if any such curative powers existed therein ; and

WHEREAS, No satisfactory reasons have been adduced in support of this fanciful theory, and no trustworthy evidence of its claim for homœopathic endorsement has been furnished ; therefore

Resolved, That we deem the theory of dynamization to be essentially non-homœopathic, and, while occasionally, from a psychological point of view, it may be appropriately applied in practice in the opinion of this Society, it is still so obscure as to its origin and development, so uncertain as to its application, and has so little apparent connection with the proper application of the principle *Similia*, as to warrant the conviction, after repeated and carefully conducted trials, continued through many years, that it is unworthy the confidence of the homœopathic profession, and, being non-homœopathic, should not receive the endorsement of the homœopathic school.

TO THE HOMŒOPATHISTS OF THE UNITED STATES.

In the treatment of yellow fever in past epidemics, as in the present scourge which is decimating our City, the homœopathic practice has shown highly favorable results, hence, for humanity's sake it should be liberally applied to our suffering people.

We are doing all in our power in the present emergency but our means, limited to local sources are sadly inadequate to meet the distressing demands which are constantly increasing.

General contributions from abroad sent to other associations are mainly applied to the sick through allopathic practice, those desiring homœopathic treatment obtaining little benefit therefrom.

To reach, to aid, and to save the many, who need, desire, and solicit the latter treatment, we especially appeal to the kind charities, and generous benevolence, of the physicians, associations, and friends of the practice generally, hoping, and

believing that we shall receive your immediate attention and assistance.

Remittances can be made to the undersigned officers at
132 Canal Street.

By order of the Association,

ALBERT VOORHIES, *President*,

C. G. FISHER, *Secretary*.

New Orleans, La., Sept. 7th., 1878.

We fully endorse and add our solicitations to the above.

James G. Belden, M.D.

A. B. D. Villeneuve, M.D.

Richard Angell, M.D.

[By inadvertence above circular was omitted in last number, which we deeply regret.]

LACTOPEPTINE.—(*American Homœopathist*, February, 1878.) This important addition to our list of remedies has found much favor with the Medical Profession of all schools of practice. Certainly, as its formula would indicate, it can but relieve an over-tasked stomach, and give time for nature to recuperate.

There is a class of cases in which this remedy has, in our experience, been particularly useful, viz: workmen who have been forced to be quite irregular in their habits of eating, and who *feel* greatly hurried when they do eat, and in consequence have acquired the habit of "bolting" their food, until nature rebels decidedly at the outrage. *Lactopeptine* here enables them to keep at work, while the homœopathic remedy, specific to the constitutional condition, is sent on its mission, and good advice warns the patient to beware of further transgression of Nature's law. In all cases where there is deficiency of the digestive juices. *Lactopeptine* will be found to be a valuable adjunct to the homœopathic remedy.

ERRATA.—At page 473, line 29, for *Clamautis* read *Clamantis*.

Page 474, for lines 19–22, read, *A truth standing sublimely alone in the world's market-place to-day has a companion there to-morrow, and lo, the two became four, and the four eight, and the eight sixteen—as if a divine conjunction of truth and man had made virtue contagious.*

Page 476, line 2, for *wars* read *wors*. [An archaism for *worse*.]

S. A. J.

American Observer.

EDWIN ALBERT LODGE, M. D., DETROIT, MICH., GENERAL EDITOR AND PUBLISHER.

REGULATIONS.

1. This Journal is published on the first of each month, and sent, *postage prepaid*, at \$2.50 per year in advance; 2 copies at \$4.50, over two at \$2.00 each, to any addresses ordered.
2. All subscriptions commence with the volume (January of each year).
3. It is supplied to Pharmacies, News dealers and Medical Students, at \$2 per year.
4. Single numbers of the current year will be mailed at 25 cents each.
5. BACK NUMBERS required by our subscribers to complete their sets, will be mailed at 15 cts. each. Back volumes will be sent, as far as practicable, at \$1.50 unbound, and \$2.50 bound, postage prepaid. First series, 10 volumes, unbound, \$15.00, bound \$22.00.
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7. EVERY COMMUNICATION should bear the name of the author, not necessarily for publication, but as a guarantee of good faith. CONTRIBUTIONS, which are not considered suitable for our pages, will always be returned on application.
8. If MANUSCRIPTS or PROOFS are mailed in unsealed envelopes, or packages, the postage is only one cent per ounce.
9. All subscriptions are considered "*Perpetual*" until notice is given to discontinue, and such notice must be accompanied with payment of all arrearages.
10. NOTICES of REMOVAL should be given promptly. Although the Law distinctly requires all who receive a periodical regularly, to pay for it, whether he has subscribed or not, we are frequently annoyed, when we have been sending the Journal in good faith, to be told that the Doctor to whom it is addressed, has moved away, and the physician, who takes it from the post office, will not pay for it, as he never ordered it.
11. All Advertisements of an exceptionable character are excluded. Rates for acceptable advertising, and insets, will be furnished on application.
12. REMITTANCES are at SENDER'S RISK unless sent by Post office money orders, Bankers drafts on Detroit or New York, or bank bills, in registered letters.

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EDWIN ALBERT LODGE, DETROIT, MICHIGAN.

HOMŒOPATHY AND SECTARIANISM.*

The June number of the *Practitioner* contains an article by Dr. James Ross, of Manchester, entitled "*Are there Laws of Therapeutics?*" which is written, like all Dr. Ross's essays, in a spirit of the most enlightened liberality and toleration towards those who hold theories of medicine different from his own and from those of the majority, which we would like to see more generally prevalent among medical authors. Dr. Ross is an ardent defender of the liberty of opinion in medicine, and he censures in strong language the course pursued by the dominant medical faction towards the partisans of homœopathy. But while censuring the intolerant conduct of the self-styled orthodox journalist in respect to homœopathy, he accuses the disciples of Hahnemann of a similar spirit of intolerance in their behaviour towards those who rejected the doctrines of the Founder of Homœopathy. Thus especially does he find fault with the declaration of the editors of this Journal, that "our paper will be open for the expression of every shade of opinion, provided that the principle of *similia similibus curantur* be

* British Journal of Homœopathy.

fully admitted by the writers." He says that such a declaration "savours too much of exclusiveness and intolerance to be considered catholic in a large-minded and liberal sense." He goes on to say that "the homœopathists may say that the sectarian position which they assumed was forced upon them by the intolerance of their opponents, who refused to admit homœopathic communications in the leading medical journals, and prevented papers on homœopathic subjects from being read and discussed at the medical societies." But supposing all this to be true—and a good deal of it is true—there was no occasion for the homœopathists to have accepted a sectarian position; and indeed, had they been the catholic-minded men that they represented themselves to be, they would not have accepted it. If the privileges of the ordinary societies and journals were denied them, it is clear that they were justified in establishing societies and journals of their own. They ought, however, to have called their society "The Therapeutical Society," or some such name, and have made it clear in their code of laws "that any registered practitioner of known respectability would be welcomed as a member, provided he wished to cultivate the science and art of the treatment of disease in any way which would have seemed to him best." He also says that we should have called our Journal "'The Free Lancet' or some such name, a name which would have implied that the existing *Lancet* had become intolerant, exclusive, and sectarian."

Perhaps, as things have turned out, this might have been the best course to pursue. But when this Journal was established it was regarded by its promoters as an organ for the publication of papers and communications that would have been refused admission to the established organs of medical opinion, as, in fact, a "complementary periodical to those already in existence. It was only after repeated efforts to obtain insertion in the established journals for articles on homœopathic subjects had failed that the necessity for the establishment of a periodical where homœopathy might be freely discussed became apparent. Had the promoters of this Journal been aware that the existing organs of medical opinion would have summarily rejected all articles, whether bearing on homœopathy or not, which were written by adherents of the homœopathic system, they might have given their periodical a more general name indicative of their views with regard to the freedom of opinion that ought to prevail on medical subjects. But we are afraid that such a course might not have led to the result that Dr. Ross seemed to think might have occurred. We know

that the title of the *Art Medical*, which has nothing sectarian in it, has not secured for that journal the co-operation of any medical writers in France who are not declared partizans of Hahnemann's therapeutic doctrines. Nor have the unsectarian titles of many of the American medical periodicals attracted the contributions of the self styled orthodox. The taint of homœopathy in a periodical deters all non-homœopathic medical men from writing in its pages. However catholic may be the title, the admission of an article bearing on the homœopathic method, unless it be to condemn it utterly, suffices to ensure its condemnation by the leaders as well as the rank and file of the dominant sect. We very much fear that the temperate and judicious articles of Dr. Ross in the *Practitioner*, although they are on the whole, adverse to our doctrines, may prove disastrous to the circulation of that periodical, though as a rule, most of the articles that appear in it are orthodox enough. The great body of old-school practitioners were highly offended by the mild and temperate appreciation of homœopathy by the venerable Hufeland, and they must have changed their character very much if they are more tolerant of the somewhat similar, though less appreciative, essays on the homœopathic method of Dr. Ross.

HAHNEMANNIAN MONTHLY,

The triple number of the *Hahnemannian Monthly*, for May, June, July, was received Sept. 9th, with the following notice :

To the Readers of the Hahnemannian Monthly :

On the first of August, 1865, the first number of the *Hahnemannian Monthly*, issued from the press as the organ of the Homœopathic Medical College of Pennsylvania, and under the additional management of Drs. Adolph Lippe and J. H. P. Frost, and the special exponent of the views and teachings of those of the Homœopathic school who were known as pure "Hahnemannians," "Purists," and "Homœopathicians." Before the close of the third volume, Dr. R. J. McClatchey was associated with Drs. Frost and Lippe, as co-editor. The fourth volume appeared under the sole editorial management of Dr. McClatchey, and the college which it represented having "gone under," and been merged by Act of Assembly with its rival, the publication of the journal passed into the hands of Mr. A. J. Tafel, the popular and enterprising young pharmacist and publisher. After a time Mr. Tafel was "merged" with his older colleague, the well known and highly esteemed pharmacist and

publisher, Dr. F. E. Boericke, and the journal then came to be published by the established firm of Boericke & Tafel, the editorial management remaining unchanged. It thus continued until one year ago, when the Hahnemann Medical College of Philadelphia, having decided to discontinue the publication of its journal the *A. J. H. M. M.*, Dr. A. R. Thomas was made *Associate Editor*. The present issue, the triple number, representing the monthly parts for May, June, and July, closes the thirteenth annual volume, and with it the publication of the journal, at least for the present.

Thus it will be seen that our editorial pen was taken up more than ten years ago, and will be laid down again, possibly forever, at the close of this brief article. It is an act done with a heavy heart, and one which nothing short of dire necessity could compel us to. As we look back over the history of the journal, and remember the vicissitudes through which it has passed; the burning of midnight oil, and the worry over "proof" and "copy;" the heart-breakings of the days of our greenness; the invadings of our private affairs by the insatiable "devil" and his demands for "more copy," and the necessity of turning everything over and over again to furnish *just a few pages more*; the gradual increase of editorial knowledge and judgment; the increasing size of the journal; its improved appearance; the encomiums of friends and readers, and the praise of writers at home and abroad; the free use of its columns by the dextrous scissor-editors of the foreign journals, all these compel us to regard it in the light of a child brought up through work and waiting and with hope and promise and now, to look upon its taking off in the moment of its apparent triumph, is in a measure like the loss to a father of a hopeful son.

We have bestowed a vast amount of labor upon the journal during the past ten years, the exact measure of which can be made known to only those who have had some experience in a similar work. For the past twelve or eighteen months this labor has fallen very heavily upon us, owing to the cause of a large practice, a college professorship and other matters involving time and work, and in consequence the journal has been neglected somewhat and its issues irregular. While this has been greatly regretted, it could not have been avoided. While our colleague, Professor Thomas, to whom we wish to herewith extend sincere thanks and acknowledgement, was ever willing to help with the work in any way, yet from a feeling of self-reliance, strengthened by ten years of experience, and the thought that we would be able to get at the work "*to-morrow*," we failed

to avail ourselves of his valuable assistance to the full; and again the narrowing of our hours of literary labor to those of day-light, hindered the getting out of the numbers on time. Thus we feel that it was an act of justice to all parties concerned to stop this imperfect performed and irregular work.

Again, *The Hahnemannian Monthly* DID NOT PAY. Notwithstanding the fact that it was edited with the greatest care; that a careful selection of articles for its columns was always made, and that these were published in the best possible shape, that the minimum amount of trash and chaff was admitted to its papers; that its proof-reading was done with scrupulous nicety; that the publishers spared no expense in making it the handsomest medical journal of our school, by furnishing the best quality of paper and binding and having it printed at the best and consequently most expensive printing house in the country; that its circulation was constantly increasing, although slowly, it is also a fact that Messrs. Boericke & Tafel sank from five to six hundred dollars annually, with nothing to repay them for this loss beyond such return as the prestige of being publishers could furnish, and having the freedom of advertising at will. These causes have led to the determination to cease the publication of this journal with this issue.

To those who have assisted us as contributors or subscribers, we return sincere thanks, and to all we say—FAREWELL; with this admonition, that our journals must be supported better than they are now, with both money and brains, or the *Hahnemannian Monthly* will not be the only one suspended.

OBITUARY OF TWO HOMŒOPATHIC JOURNALS

Our respected colleague Prof. Lilenthal writes to the *Medical Advance*: "What is the cause? It is hard to say and still more disagreeable to say. At that same ominous page of the *Advance* and at the same article the worthy editor remarks: 'Members are there, each with a pocket full of written material—much of it, we regret to say, copied almost verbatim from the text books, and *old ones at that*.'" Old ones at that; here lies the secret in a nutshell. Too many of our healers are satisfied to trot along with a few ancient books; they do well in their daily vocation and feel satisfied with themselves and their fees. Medical progress is a thing to be abhorred, and journals a nuisance. A short trip to several northern states convinced me that some of our M. D.'s do not know even the names of our periodical literature. Here and there you may find some odd numbers, but regular files I could nowhere find. It cannot be

the expense, for there is not a physician living who could not spare ten dollars a year for two or three journals, *if he wishes to do so.*

Others excuse themselves by the *poverty of the journals!* Brother *Advance*, let us take that list, whether true or not, and try to benefit by it. Let us be more severe in our criticism and admit no article to our pages which is taken from these "old ones at that," and let us father no clinical case which does not show the true stamp. If we are at fault, let us try to do better; let us try to raise the standard of periodical literature; let it be our aim that every number issued under our name contains nothing but articles which we would not be ashamed to acknowledge as our own handiwork; let us discard the item, still promulgated in many journals, "we do not hold ourselves responsible for the opinions of our correspondents;" let us be severe in the selection of articles; let us feed the waste basket, even if we have to feed the midnight lamp; let "excelsior" be our motto, and let us try thus to get up such a paying subscription list that we can afford to enlist the best talent and *pay them for their work.*

Raue's incomparable *Record* gone! That excellent quarterly, the *United States Medical and Surgical Journal*, dead long ago! East and West another journal disappears! Let us agitate the question of this double headed leaguer in our journals and bring about a speedy reform.

A REPLY TO DR. S. A. JONES.

BY E. W. BERRIDGE, M. D.

Dr. S. A. Jones has been amusing himself of late by attacking the Homœopaths in the *American Observer*. These attacks have been replied to, but there is yet more to be said on the subject. He commences the volume with an article, ostensibly a review of Dr. Hughes' "Sources of the Homœopathic Materia Medica," and Dr. C. Wesselhoëft's "Reproving of *Carbo vegetabilis*," but in reality a scurrilous and indecent attack upon the Homœopaths in general, and Drs. C. Hering and Ad. Lippe in particular. Once, when Dr. Jones wished to extinguish the writer of an editorial attack upon Dr. Hering in the *Monthly Homœopathic Review*, he praised this physician to the skies. Then, he was the "grey-haired Master" (Dr. Jones's own italics). Then, the *Review* could better "measure the Atlantic in a pewter ale mug" than "weigh Constantine Hering in its little scales."—(*New York Journal of Homœopathy*, vol. 11, p. 88.) But now—*Tempora mutantur et nos mutamur in illis*; and in 1878 the "grey-haired Master" of 1874 is stigmatised as the "ancient herdsman, self-appointed guardian of filth and all," and his very life-work, his monographs of *Materia Medica*, unrivalled both in execution and arrangement, as the "Augean stable!" Dr. Jones next proceeds to attack Dr. A. Lippe in a still grosser manner. "Take the instance," he says, "of a notorious 'homœopathician,' the *defensor fides* (sic) *par excellence*, in his every paper on 'The Physiological Livery,' he prates about 'logic' as a *nymph* (sic) *du pape* does about 'virtue,' both evincing a deathless yearning for that which

they have not." It certainly would never have occurred to our unaided judgment that the last-named individuals ever evinced a "deathless yearning" for anything of the sort; but *sine Baccho friget Venus*, and we willingly bow to Dr. Jones's evidently superior knowledge on that interesting and delicate subject. But when he proceeds to accuse any of us of publishing "manufactured cases," we indignantly hurl back the foul slander in his teeth, and challenge him to prove his assertion, or to stand convicted as a deliberate maligner. Dr. Jones then endeavors to throw doubt and discredit on our provings. "We have too many professors, not to say practitioners, who ascribe all that follows the taking of a drug—no matter what potency—to the drug." Will he give a proof? We know what *he* has ascribed to *Picric Acid*, and are thankful that no "Homœopathician made *that* blunder; we should never have heard the last of it. Did he never read HAHNEMANN'S *Organon*, and the minute and cautious directions which he gives to provers? Did he never read *how* HAHNEMANN proved drugs on his friends, as recorded by the "grey-haired Master" in *Hahnemannian Monthly*, vol. vii., p. 171? Did he never read the following sentences from "Our Outsiders," written by the same veteran, in the *North American Journal of Homœopathy*, Nov., 1873:—"It is 50 years now since I joined the Homœopathic School, and I have never met a single prover who did 'believe' the symptoms he obtained, and who did not seek confirmations. We not only repeated our experiments again, but we were anxious to have other provers, and if the results were published, we always compared anxiously those of others with our own." And again: "There was not one of them who did not know that every symptom he put down in writing was, if not corroborated by similar observations of others, doubted, and especially if not confirmed by cures." We *know* that Dr. Jones has read this last paper, for he quoted from it formerly in his own Journal, and we now ask him how in the face of all this, he could have dared to make so venomous an accusation against our school.

Next, Dr. Jones replies to Dr. Swan in such a style of buffoonery, that even the editor is compelled to apologize for him before hand. He ignores *facts*, because *he* has never witnessed them. He ignores the *fact* that *Sacharum Lactis* and *Alcohol* have been found, when potentized, to possess pathogenetic properties, because *he* has never experienced them, *his* experience having been limited to the latter substance in its crude form. He ignores the *fact*, first, we believe, enunciated as a universal law by Dr. Swan, and abundantly verified by others, that high potencies antidote the lower, and sneeringly suggests that, "in the C m of potentized sin, his logic ascertains the panacea for total depravity." We can only say that if Dr. Swan really has made this last discovery, he is much to blame for not having ere this administered a dose to Dr. Jones, who admits its homœopathicity to his own case, at vol. ii., p. 336 of his own journal. Next we find an amusing mathematical blunder on the part of Dr. Jones. He argues thus: Swan uses 100,000,000 drops to make his M m potency; but one drop diffused in 100,000,000 equals HAHNEMANN'S 4th potency; *therefore*, Swan's M m is only equal to HAHNEMANN'S 4th. This is logic with a vengeance. The same absurdity was perpetrated by an *avowed* enemy to Homœopathy, the late Sir B. Brodie; now it comes from a *professed* friend. Is not Dr. Jones' cerebrum capable of "ascertaining" that it makes all the difference in point of dilution whether the original drop is mixed with the vehicle *all at once*, or by instalments, emptying the bottle in which the drop was placed, and filling it up again? But he says Dr. Swan does *not* empty the bottle; not literally, it is true, but virtually, for the bottle empties itself continually, seeing that even Dr. Jones cannot get 100,000,000 drops at once into a bottle which holds only 400, and that, when once it is filled, every drop which enters must displace one previously there.

Dr. Jones then replies to Dr. Lippe, and his paper reminds us of the barrister's instructions, "No case; abuse the plaintiff's counsel." Dr. Jones commences with a sneer because Dr. Lippe, a German, does not write English with the purity which Jones approves of. We hope Dr. Jones will write his next letter in German for Dr. Lippe to criticize. Dr. Jones, forgetting that "self-praise is no recommendation," proceeds to claim "a far more extensive knowledge

of modern science [the action of *Picric Acid* on the blood for instance] than any of that little (?) clique [of 'homeopathicians'] has ever evinced." Dr. Jones' modesty is overwhelming, and only a knowledge of the requirements of the London University,* where we graduated in medicine and surgery, saved us from utterly collapsing when we read the above.

To follow Jones through all his misrepresentations would be useless and fatiguing; we will only touch on a few. He states that the "homeopathician" (which Jones by his own confession and evidence is *not*) "has no use for the obstetrical forceps. *Puls.* is enough for *him*; he eschews a scalpel. *Silic.* incises an imperforate (*sic*) hymen for *him*." To which we reply that this is a deliberate falsehood, *and he knows it*. In the *American Homœopathic Review*, vol. 5, p. 212, Dr. A. Lippe says of a case there recorded:—"The paralysis which now followed was plainly the effect of the repeated doses of *Arsenic*, and had nothing to do with the diphtheria," and gives his reasons. Dr. Jones perverts this statement into "The poor symptom-courting homeopathician HAD NOT LEARNED that paralysis can follow diphtheria when no *Arsenicum* had been used." But the most amusing slander is the following:—"Ad. Lippe's *Materia Medica* is such a flagrant violation of the *purity* on which HAHNEMANN so strenuously insisted, that the *American Homœopathic Review* was discontinued, in order that this *Materia Medica* might not be reviewed in it (!!!). The late Dr. Dunham told me this with his own lips (!). To have given such an opinion of that book as its impurity demanded would have been to split a party whose cohesion was needed to oppose the heresies of Dr. J. C. Peters. Silence was the part of prudence, and silence could be had only by discontinuing the *Review*" (!!!!!). To this extraordinary assertion we have only to say, (1) that *if it is true*, Jones has proved "the loved and lamented Dunham" to have acted the part of a traitor, and sacrificed what he believed to be truth to party feeling; (2) that such a "dodge" would have done no credit to his Yankee 'cuteness. Why did he not make Lippe co-editor? Professional etiquette would then have rendered it impossible to do more than *mention* the publication of the book. Dr. Jones must think us very "green" if he thinks we can be taken in by such "wooden nutmegs" as the above. Dr. Swan replies to Dr. Jones, and the latter replies to Dr. Swan. No further argument (?) is, however, adduced, but only the old mathematical blunder repeated. Under "Mistakes in Calculating," our repertory gives *Ail.*, *Amm.-carb.*, *Chinin-sulph.*, *Con.*, *Merc.*, *Nux.*, and *Syphilinum*. We advise Dr. J. to make a selection (his remarks about the habits and customs of the *nymphes du pape* show, in our judgment, the last remedy to be the *Similinum*), and to take one dose of a genuine high potency thereof and let it act; and in the meantime to refrain from writing controversial articles, which evidently tend to aggravate his disease.

Finally, Dr. Jones gives us a specimen of *his* way of teaching *Materia Medica*, which he claims to be based (*of course* with improvements) on that of Dr. Dunham, in whom he seems to live, move, and have his being. (By the way, it is high time that Dr. J.'s semi-hysterical allusions to "dear dead Carroll Dunham" should cease; if we don't recognize his talents after an obituary notice of *twenty-six mortal pages* in the *North American Journal of Homœopathy*, we probably never shall.) This is his method: "I endeavor to determine the kind of action a remedy has, *not by its resemblance or difference symptomatically*, but by its pathological nature." This is NOT Homœopathy, or anything like it; Homœopathy, like Mr. Gradgrind, deals in (symptomatological) *facts*, not (pathological) *fancies*; and how much "fancy" there is in pathology let the history of *Picric Acid* tell! Dr. Jones continues: "The following is submitted as indicating what condition calls for *Hepar*," after which he quotes from the *Transactions of the Pathological Society* more than a page of the *post mortem* appearances in a woman who died

* The lowest medical degree at this University requires study at a hospital for nearly FOUR AND A HALF YEARS. If Dr. Jones desires it we will give him further particulars, which he can then compare with the *curriculum* at the U. S. colleges, including the "University of Michigan."

from acute interstitial pneumonia, after allopathic treatment! We are much obliged to the erudite Professor for this valuable information; when we next see on the table of the *post mortem* room a body presenting these changes, we will remember that this condition "calls for *Hepar*," and astonish the professors and students by a resurrection on a small scale. In the meanwhile, as we desire to do the thing "scientifically," perhaps Dr. J. will favor us with particulars as to the potency and dose which he has found most efficacious for this purpose. We should be glad also of his statistics of successful and unsuccessful cases; we will not call them "manufactured!"

IMPERFORATE HYMEN "CURED" BY SILICEA 6,000.

"Nearly a year ago I was called upon to treat a case of imperforate hymen. The patient, a young lady, then in her eighteenth year, had been regularly made conscious of the menstrual *nîsus* for a period of four years, but without any menstrual flux whatever. *Upon careful examination the hymen was found to PERFECTLY CLOSE the vagina.* Expecting to find an accumulation of menstrual fluid I was much surprised to find nothing indicative of that condition. The possibility of there being no uterus occurred to me, and yet the regular effort to menstruate, appreciable to the patient, demonstrated the existence of ovaries, and consequently [?] of a uterus.* The case was very peculiar, and gave rise to deep reflection. My patient was in poor health, gradually deteriorating day by day."

"Upon making a careful examination of her symptoms, Silicia was revealed to me. The symptoms were, prominently, obstinate constipation, the *fæces* receding upon their approach to the outlet; tenderness in the region of the spine, so that riding or walking was performed with intolerable pain; great debility; loss of appetite, etc. The constipation and the spinal tenderness marked the remedy far more distinctly than did the objective symptom, the occluded vagina. Silicia 6,000, a single dose was administered, and, at the second menstrual period thereafter, the menses flowed freely, and the finger was permitted to be passed to the *os tinctæ*. It is well to add that the peculiar constipation disappeared soon after taking the remedy; while the spinal difficulty and all her other symptoms gradually faded, and were entirely removed at the time at which the menstrual flow resulted from complete development, *which, it is just to suppose, was effected through the action of Silicia.*"

* For a case where the ovaries were present and the uterus absent—notwithstanding the consequently"—see *Medico-Chirurgical Society's Transactions*, vol. xxiv, p. 187. London, 1841.

"This is a case in which a wonderful change in the organism was brought about by a process which I find myself unable to positively explain. The developing force appeared to be arrested, so that, at a given point, at which certain functional and certain organic conditions should have been completed, progress ceased. The dose of potentized *Silicia* set loose the arrested force, by its operation the organism was perfected, the female function was properly performed, and what would have acted as a mechanical obstruction or barrier to its completion, was by this force removed.

"Such is the theory with which I have attempted to satisfy my own mind. I do not mean to put it forward as correct, or even to have it subjected to criticism, but merely offer it as a possible solution as to the method of cure.

"If, upon examination in the above case, menstrual fluid had been discovered to be dammed up behind the hymen, it would have been eminently proper and *perhaps* necessary to divide that membrane with the bistoury." *Prof. H. N. Guernsey, M.D., Transactions of the 21st session of the American Institute of Homœopathy, Vol. I, No. 2, Section iv, Page 35.*

"He eschews a scalpel, *Silicia* incises an imperforate hymen for him."
—*Prof. S. A. Jones.*

"To which we reply that this is a deliberate falsehood, and he knows it."—*Dr. E. W. Berridge.*

LOOKER ON.

OBSERVATIONS ON THE ABOVE BY GENERAL EDITOR.

We can afford space to point out only a small number of the many mistakes made by Dr. Berridge :

1. The first and most apparent one is observed in the title of his article, "A reply to Dr. S. A. Jones by E. W. Berridge, *M.D.* That this is not a slip of the pen, but an assumption of superiority, is shown by the article itself in many particulars, especially where he refers to Professor Jones as "Jones," and himself as the learned "*M.D.*" who graduated at the London University. In some places by courtesy the title of Dr. is accorded to practitioners who have never attended medical lectures, and *M. D.* is added to the names of those who have honorably graduated. The reading of Dr. B.'s reply, as above, re-

minded us of the circumstances attending Prof. Jones' graduation. He had been a very diligent student of the worthy W. H. Watson, M. D., of Utica, New York, studied the full term, attended his regular courses and duly appeared as a candidate for graduation. Two other young gentlemen presented themselves at the same time. They were all rejected. Why? Were they incompetent? It was admitted by all their classmates that they were the best qualified members of the graduating class. There is a little piece of history connected with this blackballing which it may be well to place on record here. It appears that "*the homœopathicians*" who held professors' chairs in the Philadelphia College at that time black-balled these students most unjustifiably. It is well that we are able to prove that these students were at that time duly qualified. If they were ignorant, then their rejection was commendable; if it is shown that they were worthy of degrees, then the refusal of diplomas by these "homœopathician" professors was a piece of partyism which entitles them to censure. These young men did not tamely submit to the decision, but appealed through Prof. Hempel to the Board of Trustees, which immediately appointed a special board of examiners to interrogate these candidates. This board was composed of the late Walter Williamson, M.D., ex-professor of Obstetrics, W. S. Helmuth, M.D., (uncle of Prof. Helmuth, of New York,) and other ex-professors of eminence. They made their examination, and reported that these young gentlemen were the *best qualified* students that it had been their pleasure to examine. The board of Trustees of the Philadelphia College thereupon disbanded the whole faculty, and the St. Louis college issued its degree to both of these students. Some time subsequently the Philadelphia college conferred its degree upon them but when Professor Jones received his diploma, however well satisfied he may have been that he had duly earned it, he does not appear to have treated the document with any great amount of respect. We do not believe that he ever rolled it up carefully and boxed it for preservation, or framed it for ornament in his office. We know what use he made of it but do not deem it necessary to state it here.

We believe that Dr. Berridge is no more justified in assuming any superiority over Prof. Jones than the professors above alluded to were

in endeavoring to keep his well earned diploma from him. Prof. J. has reached a position of eminence by solid acquirements, hard study and diligent work; he deserves the recognition the profession accords to him, and we trust he will be satisfied with this though "homœopathicians" may defame and detract.

J. Heber Smith, M. D., records in the *New England Medical Gazette*, for August, a discussion upon a paper of Dr. Wesselhœft's on the effect of Trituration, and gives the following tribute to Prof. J :

"The first speaker, called to the rostrum as one capable, from his special studies with the microscope, of affording the Institute farther light, was Prof. Samuel A. Jones, widely known by his vigorous and natural pen, under the *nom-de-plume* of Carl Muller. I will not linger to attempt reporting from memory his eloquent remarks. Fancy the most rapid unfolding of thought, from a dry preliminary résumé of authorities and mathematic details, to idealism self-mastered, and all the while his almost petite figure still, yet expressive of subtle force. But his face lights, and his eyes flash or suffuse with feeling as he carries you over the years of his own and others' studies illustrative of the subject, back to his association in experimentation with his tenderly revered friend Dr. Carroll Dunham. This perfectly off hand speech, alone, from its beginning to its beautiful and poetic close, seemed to me to repay the fatigues of the long journey there, and lighten the cares left, at compound interest, at home.

I was not wholly ignorant of the merits of the question, so recently raised by certain gentlemen of the Michigan Homœopathic Medical Society, of his fitness for the responsible place he holds as Dean of our school at Ann Arbor. But I have held his hand at last. I feel that I even know his heart, and, on my soul, he is not a man that Homœopathy can spare from her walls, where the fight is thickest! Should he fall, it will be as on one knee, avoiding the ill-timed thrusts of his whilom friends, blind with hot blood.

What are we as a sect in medicine? where are our defences?—that we can afford to sacrifice one leader after another, as if it were some heathen fete of triumph, instead of a struggle for existence. Are our young and tentative colleges sowing such dragons' teeth for annual crops of champions, and their diplomas such invulnerable lorications of steel, that we can be so lavish of men? Ah, well! the Persians, our opponents, of late have shrewdly divined that, let alone, Athens might turn her sword against Sparta, and all Greece divide and languish."

2. The second mistake is intimately connected with the first. Dr. B. commences his article by accusing Dr. J. of "*attacking the homœopathicians.*" This he appears to regard as most unpardonable. But a multitude of physicians whose judgment is not so warped by

unworthy prejudice thank Prof. J. every day for his manly courage in exposing the fallacies of their pharasaic pretensions. Dr. B. confounds the exclusivism of the homœopathician with homœopathy. They differ as widely as a divine law differs from human perversion; they are as far apart as the humility of the Nazarine from the pomposity of the Pharisee.

3. The question of veracity appears to have been settled very neatly by "Looker on," (page 546), a friend to whom we handed Dr. Berridge's reply to read. And this gives occasion for the remark that when Dr. B. so lowers himself as to accuse Prof. J. of wilful and deliberate falsehood *without occasion*, he places himself upon the category of falsifiers.

Certainly Dr. B.'s references to Prof. Jones and the *nymphes du pave* are as insulting as they are untruthful. Without actually making the statement he writes so as to convey the impression that Prof. J. is a man of impure life, which is a species of inexcusable meanness. We know Prof. J., Dr. B. does not. We have known him for many years, constantly devoted to his family, and honorable in all the relations of life.

4. Dr. B.'s reference to *Syphilinum* is an incidental proof of the homœopaths' claim to *purity*! The *pure* homœopathician will use for medicine the vilest substances known, no matter whether they are excrementitious or the products of disease, whether they are isopathic or homœopathic, so long as high potencies are used it is approved. The matter of a venereal ulcer or a small-pox pustule, a cancer or a gonorrhœa,—water, mucus or pus, all will pass muster with a purist. He is horrified when a physician uses the crude tinctures of the vegetable kingdom, but can endorse *Syphilinum* and all its congeners!

We have heard of a doctor who hired an Irishman to work all day at his hydrant. The doctor furnished him a bottle with a drop of medicine in it; the paddy was directed to fill the bottle half full of water, then shake it, pour it out, fill it up with water, then shake and pour out again, so repeating the process all day, making a chalk mark on a board for every tenth bottle. At the close of the day the doctor counted the chalk marks, filled up the bottle with alcohol, labelled it very carefully, the five hundred thousandth or some other potency,

and put it in his medicine case. What absurdity, says one. And yet the water washing processes, and water meter potentizers of the "homœopathicians" are just as foolish. And the high potency Pharisees who are ready to brand sensible medication as mongrelism, and yet endorse such follies, are like their progenitors of old, straining at a gnat and swallowing a camel.

Who can say that rinsing a bottle ten thousand or more times will not wash it as clean as water washing can, and is not the calling of that water of the last washing, a valuable potency, the most transcendental folly?

Dr. McClatchey's valedictory we print in full on pages 539-541. We accord to him all honor for his labors. We do not believe that the failure of the Hahnemannian is to be attributed to any deficiency on his part. The journal was well edited, and increased in popularity from the time he assumed charge of it. Why did it not succeed? The first sentence of Dr. McC.'s article gives the principal reason. It was commenced as the organ of the Homœopathic Medical College of Pa., and as the special exponent of the views of the "Hahhemannians," "Purists," and "Homœopathicians." Now either this party are so few in numbers that they could not support the journal, or the journal was not "exclusive" enough to please them. Part of the time the receipts for the Hahnemannian did not pay the expense of type setting on the journal, and we are told that the publishers lost \$500 to \$600 per year by it. Now the OBSERVER has more than paid expenses since the publication of the first number. If it had not, instead of being published fifteen years it would have been discontinued before fifteen months. We will not say that it has been better printed or edited than the Hahnemannian, not at all, but there has been this wide difference, the profession wanted the OBSERVER, and called for its publication, while the Hahnemannian was commenced as the organ of a small party.

Dr. Dunham used high potencies continually. Not a word has been penned in this journal during the fifteen years we have been in charge as general editor, against him or his use of such remedies. Dr. D. was doubtless as skillful in the use of high potencies as Dr. Berridge and his coadjutors yet they cannot listen patiently to Prof. Jones' eulogy. Prof. Jones reveres Dr. Dunham's memory because

he was noted for catholicity of spirit, broadness of thought, and noble frankness; and Prof. J's trouble with the "homœopathicians" at the present time is doubtless very largely account of their manifesting a deficiency of these admirable qualities. Let it be distinctly understood that the ground of our difference with the "homœopathicians" is not based upon the question of dose, it is solely on account of their dogmatic exclusiveness.

Before closing we owe an explanation to our readers for allowing Dr. Berridge's paper to appear. Our friends know we have a broad and strong platform, and can afford to allow both sides to be heard when writers are courteous and truthful, but Dr. B.'s paper cannot be commended for either courtesy or candor. But we have allowed him to have his say, and now the *Organon*, which prints Dr. B.'s reply to Prof. Jones, will of course print this response. It will have such admiration for our liberality that it will extend the same favor to us we have accorded to it. Will it?

We have no difference with any M. D. simply because he uses high dilutions. Many of our best friends use them. What we oppose is that narrow spirit of exclusivism which breaks brotherhood with the main body of the profession, seeks to build up a restrictive sect, and denies the liberty, which should be accorded to all regularly educated practitioners, to use just such medicines and in such doses as they believe to be most conducive to the restoration to health of their patients.

E. A. L.

A CORRECTION CORRECTED.

EDITOR OBSERVER,—Will you please make room for the following: In the September number of your very valuable journal I noticed an article headed "A Correction," written by Dr. J. G. Gilchrist in reference to a case of perineal fistula. As I was the attending physician in the case referred to I wish to make a few statements and ask you as an advocate of justice and homœopathy to publish. From the doctor's "Correction" it looks very much as though he had found himself in a pretty tight place and was willing to crawl out through a very small hole be it ever so knotty.

In the first place, Dr. G. did claim to have operated on said fistula in the presence of myself and his entire class which fact can be proved by members of his class who were present and saw and heard all that transpired. He says in his "Correction," "After an examin-

ation under chloroform I dismissed the patient to enable him to make arrangements to enter the hospital, where we *did* propose to attempt a cure." I have in my possession now a letter written me by Dr. G. a few days after his *then* called operation, but *now* called examination, in which he says, "*I have sent Sherriff home as incurable.*" Now how does this and his "Correction" agree?

In regard to the affidavit to which he refers as the patient having "signed and sworn to without any knowledge of its contents, because he was asked to do so." I will simply say the statement is false. I had no particular interest in the matter, but obtained the affidavit at the earnest written solicitations of Dr. G. The patient *did* know the contents of the paper for I read it to him in the presence of his father and mother at his home and before he signed it he read it carefully through himself. This can be proved by the parents of the patient. The patient is very materially benefited if not cured, and the credit is due alone to Prof. Maclean. As Dr. G. says the case has caused much unnecessary comment and I was in hopes we should hear no more from it, but as the doctor's "Correction" implies that I obtained the affidavit under false pretenses and also that I was guilty of falsifying, I deem it simply as an act of justice to myself that the readers of the OBSERVER should know the real facts of the case.

H. A. BARBER.

NASHVILLE, MICH.

A SATISFACTORY EXPLANATION.

* ED. OBSERVER.—Dr. Barber, the attending physician of the man Sheriff, about whom so much has been said and written, writes as if he understood that I was casting reflections upon *him* in my italicised reference to the patient's assertion that "he did not know what he was signing when he signed the celebrated affidavit." So far from this it was intended to throw ridicule upon the man's barefaced assertion, and did not in any way reflect upon Dr. Barber, who has always conducted himself as a man of honor in his relations with me.

Respectfully, J. G. GILCHRIST.

We are happy to state that Dr. Barber is quite satisfied with Prof. Gilchrist's explanation.

HOMESICK WITHOUT IT.—One of our sensible readers going to Europe, instead of stopping his OBSERVER until his return, as some others have done, requests it to be forwarded to him across the water, saying. "I have been a subscriber since its commencement, and *should be homesick without it.*"

JONES.—Dr. J. Heber Smith, of Melrose, Mass., writes: "I appreciate your journal, but most of all because Prof. Dr. Sam'l A. Jones writes for it. His papers are reviving.

Clinical Observations.

PROF. CHARLES GATCHELL, M. D., ANN ARBOR, MICHIGAN, EDITOR.

DYSENTERY.

BY J. S. BELL, M.D., CEDAR FALLS, IOWA.

During the months of August, September and October this disease prevails to a greater or less extent throughout the United States. In the mountainous region the disorder assumes a mild character, while in the malarious lowlands and tropics it appears as a form of, or complicated with, remittent, typhoid, congestive or gastric bilious fevers.

The disease may be preceded by diarrhoea—or constipation—headache, anorexia and general malaise, and at times is ushered in by a chill, followed by intense fever, bounding pulse and hot, dry skin, with griping pains in the bowels, and frequent painful passages of mucus mixed with blood, attended during and after the evacuation with more or less straining, tenesmus and burning pain. The pain varies according to the seat of the inflammation, but is usually located in the colon, is intermittent and shifting, one of the most distressing symptoms being a disagreeable tenesmus near the anus, which causes a continual desire to go to stool. The effort at defecation gives no relief, but adds to the patient's discomfort.

There is usually more or less gastric disturbance, intense thirst, severe pain in the small of the back, and sometimes vesical tenesmus.

The evacuations from the bowels are small in quantity, highly offensive, consisting of blood mixed with pus, cast off epithelium cells and mucus, and may be greenish in color, like jelly, frothy, or even like the washings of meat. In frequency they may recur every fifteen or twenty minutes, and are apt to be worse in the forenoon.

The disease, under proper treatment, usually runs its course in from nine to fourteen days; sometimes if seen in the early stage it can be arrested in a few hours, while severe cases occur in epidemics of the distemper, attended by complete prostration, auguring an early death, or perhaps runs into the chronic stage, terminating in ulceration of the bowels.

The use of unripe fruit, such as early apples and plums, favors a development of the disease, while the effluvia from the passages possess the power of infecting those within the same building. In this way only can we account for the prevalence of the disease in families—sometimes every member being attacked, while within a short distance their neighbor is exempt! Adults of middle age are most often subject to the disorder, and it seems to show a preference for sufferers from hepatic functional derangement; still it is often found among children, where it is usually associated with enteritis, and proves one of our most intractable diseases to manage.

The treatment may be divided into hygienic and medicinal. From the first perfect rest so far as possible should be enjoined. Bland mucilaginous and farinaceous articles of diet may be allowed, such as boiled milk thickened with flour, boiled rice, mucilage water, toast and tea, etc. Liquids of all kinds should only be sparingly indulged in, while all vegetable acid drinks and sour fruit will be found to disagree.

Much good will result from the attendant impressing the patient with the necessity of procrastinating going to stool, and even the perineal band and compress, first recommended and used by Dr. McDougall, of Dublin, when judiciously used, may assist in carrying out this object. Among the palliative measures are the various warm applications to the abdomen for the relief of the pain and colic, of which I am partial to the dry, hot salt and bran, reheated whenever it becomes cold, and in case of severe tenesmus the hot salt, or still better, a heated piece of oak plank pressed against the fundament, will be found very comforting,

Slippery elm bark or gum acacia in water will prove serviceable in cases attended by vesical irritation; for the rectal tenesmus various enemas have been recommended per anum, consisting usually of starch and an anodyne of some kind, but after a thorough trial of most of them I am free to acknowledge my preference for boiled starch, which, when used after the evacuations, say not oftener than every three hours, will palliate the tenesmus considerably.

The medicinal treatment will have to be varied according to individual cases and leading indications. In the early stage I have often found Aconite and Nux vomica to nip the evil in the start, re-

duce the pulse, control the tenesmus and restore the passages to a normal condition; and after the disease is fully developed have still found Aconite or Gelseminum of first importance to control the inflammatory action. Have generally given them in full doses until the febrile action is reduced.

The passages will call for various remedies according to their consistency, nature and color, but usually when the leading most serious symptoms of the case indicate one or two remedies, upon closer inspection we will find a more perfect relationship.

If frequent *small stools* with tenesmus and discharge of *bloody mucus*, such as is common in the early stage, Nux vomica will prove of service; if violent tenesmus and colic with *bilious stools*, afterwards *bloody mucus* give Ipecac. Should Ipecac prove insufficient to control the straining and *colic*, and the pain be so severe as to cause the patient to bend double, green, bloody passages and great restlessness, Colocynthis is the remedy.

Violent tenesmus previous to and still more after stool, as if the bowels would be pressed out, with frequent discharges of pure blood, or bloody, green mucus, like stirred eggs, accompanied by nausea, eructations, *chilliness* and *shuddering*, cold sweat on forehead, great exhaustion and trembling, indicate Mercurius sol. or vivus. Should the tongue be coated heavily, yellowish white or brown, and the stools more greenish than bloody, I have usually given Mercurius dulcis.

Should the above indications be present, accompanied by *strangury* a preference should be given to Mercurius corrosivus: if strangury is the leading symptom with *bloody stools*, Cantharis or Capsicum should be consulted; passages consisting wholly of blood, free from pain or only slight tenesmus, indicate Hamamelis or Nitric acid. Blood-streaked greenish mucus, passages mostly at *night*, *whining mood*, and frequent chills call for Pulsatilla; putrid, involuntary stools, fetid urine, restless or stupefied state, red or blue spots on the skin, require Arsenicum. If Arsenicum proves insufficient and there is an intermittent tendency, China, Quinine and Carbo veg. may be consulted

Cases showing a typhoid tendency or associated with muscular soreness—often the result of exposure to dampness or getting wet—call for Bryonia or Rhus tox.

Chronic or neglected cases may be benefited by Sulphur, Phosphoric acid, or Nitric acid.

When complicated by prolapsus ani, with bilious, bloody stools, Podophyllum or Aloes will prove serviceable.

Other remedies will suggest themselves, for the indications of which consult the *Materia Medica*. Still, in this as in most other diseases, experience proves it is more desirable to thoroughly understand the indications for a few remedies than to possess but a questionable knowledge of a great many.

CIRCUMSCRIBED SUPPURATIVE HEPATITIS.*

BY M. T. RUNNELS, M. D., INDIANAPOLIS.

Hepatic abscess is a disease of such rare occurrence, that the ordinary practitioner seldom or never meets with it, and I would not invite the attention of the profession to this subject now, were it not for the fact that I can report a very interesting case from recent practice, and exhibit to this Institute the liver in which the pathological change was wrought.

On Jan. 16th, 1878, I was called to see Mrs. C—aet 31, American, married 8 years, and mother of two children. Had always been healthy up to Sept., 1877, when the appetite and digestion were disturbed, and she complained of *severe pain in the region of the liver*. Febrile movement became well marked, rigors occurred at irregular intervals, followed by profuse sweats, and she was confined to her bed. An old school physician pronounced the case one of typhoid fever and treated her accordingly, until continued fever, troublesome hiccough, chills at irregular intervals and persistent diarrhœa confused him and he gave cod liver oil on the supposition that pulmonary consumption was the disease. Anæmia, debility, emaciation, night sweats and colliquative diarrhœa became established, and the attending physician gave his patient up as a hopeless consumptive. This was the condition in which I found her, and careful physical examination convinced me that the doctor's diagnosis was at fault and that for the first time in my life circumscribed hepatic abscess confronted me. Tenderness, pain, and a tumor with no distinct fluctuation, were discovered in the region of the right lobe of the liver, but I could obtain no assurance that evacuation would take place externally and thought it not advisable to operate. Pain in the right side of a throbbing, lan

*Read before Indiana Institute of Homœopathy, May 21st, 1878.

cinating nature was pretty constant and she slept but little day or night. There was a peculiar sense of sinking with anxiety and precordial oppression. The diarrhœic discharges were very green and fetid and were found to contain pus globules. They were very frequent and could not under any circumstances be controlled by the administration of the indicated remedy.

The conclusion was that the pus from the abscess was gradually being discharged into the duodenum. Chills at irregular intervals, hectic fever, anæmia, colliquative diarrhœa and exhaustion became more pronounced as pyæmia progressed and death took place Feb. 16th, 1878 by asthenia.

It is a noteworthy fact that this lady had practiced tight lacing to an extraordinary degree from youth up to her last illness. During health her weight was 155 pounds and the girth of her waist was but 18 inches.

Post Mortem.—The process of hepatisation had considerably advanced in both lungs, indicating incipient phthisis. A large abscess containing $\frac{1}{2}$ pint of thin and sanious matter was found in the parenchyma of the right lobe of the liver occupying its right half. The matter was in immediate contact with the hepatic tissue which was in a state of purulent infiltration. The parenchyma of the liver was of a mottled aspect. The whole portal circle was gorged with black blood and the biliary ducts were deeply injected, their contents being of a thin and sanious matter. The peritoneal investment was but slightly involved, some adhesion having taken place. The pus had found an outlet through the biliary ducts into the duodenum.

ARSENICUM IN OBSTINATE VOMITING.

BY J. L. GAGE, M.D., HORNELLSVILLE, N. Y.

Some time since I was called to visit D. H., aged 72. He had been subject to attacks of vomiting for a year or more. Four weeks previous to my visit he had an attack which lasted two weeks, more or less every day. Then he was free from it for one week. He was then exposed, got chilled, and vomiting set in more severe and persistent than ever. He was attended by a homœopathic physician all this time. When I first saw him I noticed the following symptoms and conditions: He had been vomiting for seven days and nights, as often as every half hour, hour, or two hours, at the longest. No matter what he took into his stomach, it was ejected as soon as taken; and he was sick, nauseated all the time, and retching and vomiting if he swallowed anything; vomited a glairy mucus and some dark, grumous substances; mouth and throat dry, intense thirst, little satisfied, with the characteristic burning in the stomach; extreme prostration, surface and extremities cold but dry. Could not speak, only whisper. Could not lift an arm. No diarrhœa, but bowels open. I had no means of knowing what remedies he had taken except the last prescription, which was Bryonia, Nux and Mercurius, taken in rotation, a dose every hour. I gave him *Arsenicum* 6th. *He did not vomit once after taking the first dose.* Gave several doses at lengthened intervals, and he made a rapid recovery without a recurrence. I apprehended a scirrhus trouble developing, but if there was such a tendency the *Arsenicum* cured it.

Gynaecology.

W. H. BLAKELY, M. D., BOWLING GREEN, KY., EDITOR.

OVARIAN TUMOR.

Mrs. L., æt 51, has suffered from an encysted ovarian tumor for about ten years. About two years ago it had reached to such an enormous size that it extended about a foot below the knees—eighteen inches through and two feet across.

Many physicians and surgeons had examined her, all agreeing as to its character, and as some recommended tapping and none extirpation, in consequence of the supposed adhesions, she was tapped twice, resulting in total failures both times. About a year and a half ago the limbs became very œdematous, the skin bursting just above the ankles, when a profuse discharge of serum commenced and the tumor began to grow gradually less, so that at the time of her death, in June last, it did not extend quite to the knees, about ten inches through and eighteen inches across.

The tumor was quite elastic, and all who saw her, in the last few months, supposed that it had burst, and the contents had been discharged into the cavity of the abdomen, and was being absorbed. During the last few months the discharge from her limbs resembled that of the contents of ordinary encysted ovarian tumors. The limbs became greatly inflamed and painful, occasionally assuming an erysipelatous character, which would easily be controlled by the ordinary remedies. She would suffer occasionally from neuralgia in different portions of the tumor, which finally settled in the region of the heart, terminating fatally in an hour.

I made a post mortem examination a few hours after death, which revealed a large encysted tumor of the right ovary, weighing about sixty pounds, with *no* adhesions to the peritoneal walls, *no* fluid in the peritoneal cavity, and but very little in the cyst. The under portions of the pancreas and spleen were firmly attached to the tumor, their main vessels and nerves having become *completely obliterated*, and receiving their nourishment from the vessels of the tumor.

These glands, therefore, had nothing more to do with her animal economy than if they had been successfully removed. Her complexion was fair, skin perfectly healthy, and she had actually been growing fleshy for about four or five months. During her whole sickness her mind had been clear, never suffering from melancholy, moroseness or anger, and always hopeful, showing that the spleen has but little to do with these conditions in the human being, and that a woman can live without either organ, grow fleshy without the pancreas, and that the spleen has but little or nothing to do with the mental conditions. Undoubtedly the vessels of the organs became obliterated from the distention after they had become adhered to the tumor.

As my time for reporting this case is quite limited, I have been unable to give an elaborate statement, but should any physiologist or physician desire further information, I would be glad to furnish it.

This case certainly destroys some of the physiological theories in regard to the functions of those organs.

S. N. BRAYTON, M.D.,

210 Delaware ave., Buffalo, N. Y.

INFLUENCE OF PREGNANCY ON SUCKLING.*

In reference to a case recently at the Hôpital des Cliniques, Professor Depaul took the opportunity ("Rev. Med.") of strongly impressing upon his class that the continuance of suckling after pregnancy had manifested itself, whatever its effects might be on the mother, acted most injuriously upon her infant. First, the quantity of milk diminishes, and the child, though suckling for a long time, no longer obtains the quantity of nutriment which it requires. Its stomach, not feeling satisfied with what it has received, in place of going to sleep after a copious repast, as usual, the child cries and becomes restless. If, in spite of these signs, the mother continues to suckle, more alarming symptoms are produced. Digestion is disturbed, and, after each suckling, in place of some pure milk flowing out of the mouth after the breast is taken away, as may be observed in infants who are quite well, actual vomiting takes place, and a large

* Medical Times and Gazette.

mass of not yet coagulated milk, which the stomach cannot tolerate, is rejected. The stools, too, exhibit characteristic modifications, and in place of passing two or three of these in the twenty-four hours, the child now passes several, so as to amount to diarrhoea. In some cases there may be, however, constipation. The discharges are themselves abnormal in their appearance. In place of appearing somewhat thickened, and resembling in color and consistency a boiled egg, they may be quite fluid, of an appearance just like spinach-water; at other times they are less fluid and brownish; and in other instances, again, both in color and consistence, they exactly resemble glazier's putty. They are accompanied by a more or less considerable quantity of mucus, according to the amount of intestinal irritation, and there may be present streaks or even true drops of blood. Sometimes the amount of milk does not seem to have materially diminished, for it is not uncommon to find it issuing abundantly on pressure being made. This may give rise to error, as it only proves that the gland performs its function actively; but weighing the infant will show that it derives from this milk an utterly insufficient amount of nutrition. Chemical analysis fails to show us what is the modification which the milk undergoes through pregnancy, rendering it unfit, even when in sufficient quantity, for the nutrition of the child; but that such a modification does take place is beyond all doubt, and is indeed sufficiently shown to exist by the marked repugnance which the infant may exhibit to the breast.

Professor Depaul has met with three or four remarkable examples of this. In one of these he was sent for by a young woman, whose infant, which was quite well, and had up to then been well nourished, had for some time past absolutely refused to take the breast. Tried in his presence, after having abstained from food for some time, it would not suckle; but no sooner had a nurse who had been sent for made her appearance, than it seized her breast with avidity. On interrogating and examining the mother, he became convinced that she had become pregnant.

The conclusion to be drawn from these facts is, that whenever a woman asks you whether, having become pregnant, she ought to continue to suckle her infant, you should reply in the negative, and advise her to procure a nurse; for you may be certain that the disturbances of which I have just given you a very faint sketch, if they have not as yet been produced, will manifest themselves before long, to the great detriment of the child's health.

Climatology.

PROF. H. P. GATCHELL, M. D., ANN ARBOR, MICH., EDITOR.

ANN ARBOR, Oct. 10, 1878.

EDITOR OF THE OBSERVER.—If any duty preeminently devolves on the physician, it is to teach the world how to avoid disease; and a most important means of doing this is to instruct people in regard to those climates which may prove most favorable to their health. I therefore offer for your consideration another article on a region which I know to be unsurpassed for salubrity. In this article I repeat very little of the former one on the same region, this being devoted to a comparative account of the Highland Plateau.

In western North Carolina, near the northeastern angle of Georgia, the Blue Ridge swells up into a plateau-like mass of about 4,000 feet altitude. This plateau, which is about twenty miles long, is bounded on the northeast by Cashier's Valley, with an altitude of between 3,500 and 3,600 feet, and on the southwest by Rabun Gap, with an altitude of more than 2,000 feet.

Cashier's Valley is overlooked on the east by Chimney Top, (so called from a fancied resemblance to the object the name of which it bears), with an altitude of 4,563 feet, and on the west by Whiteside (named from an almost perpendicular precipice of white rock, 1,500 feet high), with an altitude of 4,907 feet. This enchanting valley, long famed for salubrity as well as beauty, is the summer home of Gov. Hampton and other South Carolina magnates.

Rabun Gap, which effects a complete interruption of the Blue Ridge, is a continuation to the south, of the level and fertile valley of the Little Tennessee. A singular spectacle may sometimes be seen on a summer morning, at the outlet of this valley,* where it opens into Rabun county. An immense current of fog, which has formed in the valley of the Little Tennessee, may be seen pouring out with a volume which threatens to overwhelm the country below. But scarcely has it passed the mouth of the Gap when, meeting the warm, dry

* Mr. W. A. Curtis has a flourishing school, the Rabun Gap High School, in this valley.

air of Rabun, it is suddenly dissipated, and in a moment it disappears altogether from the view.

At a distance of about eight miles from Cashier's Valley, the observer, standing on the southeastern edge of the plateau, looks down an almost perpendicular precipice upon the delightful little vale of Horse Cove, where the Rev. Hugh Millar Thompson, of New Orleans, enjoys the comparatively cool summer air and the magnificent scenery. This charming glen, resting among the mountains at about the same altitude as that of Cashier's Valley, is overlooked to the north by the dark, precipitous wall of Black Rock, with an altitude of 4,364 feet and to the west by Fodderstack, with an altitude of 4,607 feet. Through the valley runs a stream of the crystal water characteristic of this region, which, escaping to the south, breaks into numerous cascades.

On the western slope of the high edge of the plateau, where it overlooks Horse Cove, is the town site of Highlands, separated from Cashier's Valley by Whiteside, and from Horse Cove by Fodderstack and overlooked by Stuley, a peak of about the same height as Whiteside, on the south. At an altitude of 4,000 feet, it is in round numbers 800 feet above Cæsar's Head, 1,800 above Asheville, 2,000 above the Cumberland table land and 2,400 above Lookout mountain. The surface, which, without being abruptly broken, is sufficiently diversified to afford a pleasing variety, gives birth to an almost incredible number of springs of clear, soft water, forming brooks, which go murmuring, shouting and leaping on their way to the country below.

Except the plateau to which Highlands gives a name, there is no land this side of the 98th meridian, of area and latitude to admit of colonizing, at an altitude of even 3,000 feet. In a high northern latitude, that of Mount Washington, for example, this elevated plateau would be almost uninhabitable. The winters would be but little above zero, and the summers would vie in coolness with those of Iceland. But while the altitude of Highlands secures coolness for its summers, its latitude affords mildness to its winters, high latitude in general reducing the winter temperature much more than that of summer. Thus, while the summer of Lake Superior is 20 degrees its winter is 30 below the corresponding season of the Gulf coast. Accordingly while we find the summer temperature of Highlands in Manitoba, we find its winter in the southern part of Kansas. The single extremes in high latitudes are still more remarkable. Thus, at Fort Simpson, in Manitoba, a heat of 104 degrees above and a cold of 54 below zero have been recorded; and at Fort Leavenworth, in northern Kansas, a temperature of 105 above and 30 below. And while the mean winter temperature in southern Kansas is 42 degrees below that of summer, at Highland it is only 32 below. Of the extremes

in southern Kansas I have no record. But at Fort Larned, on the line between middle and southern Kansas, at an altitude of 1,932 feet, a temperature in the shade of 115 degrees has been observed.

I have assumed in this comparison, the mean summer of Highlands to be between 66 and 67 degrees Far., and its mean winter to be between 34 and 35, the temperature probably for each season being nearer to the less than to the greater number.

I am aware that to obtain the exact mean a long series of years is necessary. But by comparison with neighboring stations, with due allowance for difference of altitude, latitude and exposure, a pretty accurate result may be obtained. Pretty long series at the same place, including different periods, may differ as much as two or three degrees in the means and much more in the extremes, usually a much shorter period being necessary to determine the means than the possible extremes.

But for Highlands we happen to have observations including two winters of extreme cold and two summers of extreme heat, and the highest temperature hitherto received by me, is 88 above for summer and 5 below for winter. And when the reader considers that Augusta, Ga., within a few miles of Aiken, S. C., at an altitude of 350 feet, the mercury fell in 1835 to 2 degrees below zero, 5 below will not appear to be a remarkable extreme for a cold winter at 4,000 feet altitude.

The summer mean, which I have assumed as the true one, is that of a belt extending from the Bay of San Francisco to the Oregon line, parallel with the coast, at a distance of 25 or 30 miles inland. The winter mean is that of the western base of the Cascade mountains in Oregon and Washington. The extreme heat recorded is two degrees below that observed at Mackinac, and the extreme cold only 3 degrees below what was recorded at one of the military posts in Texas, at a point 3 degrees farther south, and at an altitude of only 2,300 feet, in only two years' observation.

In ordinary summers the mercury seldom goes above 80, and in ordinary winters is rarely below 20; while there may be days when ploughing cannot be done in winter, I think there will seldom, if ever, be a month in which one cannot plough if he chooses. In fine, the climate of Highlands is that of western North Carolina, as described by Guyot, modified by altitude and by its position at the extreme southern border of the great Southern Plateau. But in order to develop more fully its characteristics, I will compare it with some other regions which are reported to be very desirable for invalids.

New Mexico is, so far as the national vital statistics afford information, the most desirable region for consumptives, after a portion of the southeastern slope of the Blue Ridge; and Santa Fe is, on the whole, the most desirable point in New Mexico. Observations extended through a long series of years determine the summer mean of Santa Fe to be 70, and its winter mean to be 30; its extreme heat to be 100 above and its extreme cold to be 11 below zero; though the

Denver *News* reported for the last week of January, 1872, I think, a minimum of 20 below at Santa Fe. The altitude of Santa Fe is 6,846 feet.

I have not data sufficient to determine with precision the temperature of Colorado Springs, at an altitude of about 6,000, or of Denver, at about 5,000. Not only do great fluctuations occur within short periods, but the means for different years vary not a little. The data that are accessible to me at this present time lead me to think that the summers of both places are warmer and the winters colder than at Santa Fe; that they are, in fine, about the same as at Fort Laramie, Wyoming Territory, with less altitude and a higher latitude; the mean summer at Fort Laramie being 72.5 and the winter 29 degrees; the summer of Colorado Springs and Denver being probably half a degree to a degree, and the winter one or two degrees, colder than at Fort Laramie. The recorded extremes at Fort Laramie are 105 above and 40 below. What they may have been at Colorado Springs and at Denver I do not know. The highest recorded observations that I have are 102 for Denver and 98 for Colorado Springs, the lowest, 25 below for the latter and 29 for the former. But since the Signal Service reports the mean for the entire month of January, 1875, at Colorado Springs as only 19.1, and at Denver as only 16.8, it is evident that the region is subject to great extremes.

Assuming 70 for the summer of Santa Fe and 30 for its winter, 71 for the summer of Colorado Springs and Denver, and 28 for their winter, we have at Highlands a summer 4 degrees cooler than that of Santa Fe and winter 4 degrees warmer, a summer 5 degrees cooler than that of Colorado Springs and Denver, and a winter 6 degrees warmer. The exceeding dryness of the air at Santa Fe, Colorado Springs and Denver renders this difference less in reality than in appearance. But the great vicissitudes that occur within short periods, a fall of 40 or 50 degrees between noon and midnight not being uncommon, must be more or less prejudicial to many persons, notwithstanding the dryness of the air.

Nor is extreme dryness, with its attendant sunshine, an unmingled good, as I purpose showing in some essays on hygiene. The best condition of the nervous system and skin, and even of the mucus membranes, is not in such an atmosphere. I should prefer the air of Highlands to that of Colorado or New Mexico, as I should in summer its verdant fields and blossoming shrubs to the brown and barren plains and mountain sides of the Rocky Mountain region.

If the climate of Colorado has some very unpleasant characteristics, that of Texas is much more objectionable.

Of 22 military posts for which I have the maxima and minima, every one reports a maximum of more than 100 degrees. Fort Clarke, at an altitude of 1,000 feet, reports 113, four others, one of them at an altitude of 3,830 feet, 112, several others 111, 110, 109 and 108, and Fort Davis, at an altitude of 4,900 feet, 107. Fort Belknap, in the northern part of Texas, at an altitude of 1,600, reports a maximum of 110. The lowest maximum reported in Texas is on the Gulf. Here the sea air moderates the heat, but by its moisture increases the debilitating influence.

The mean summer temperature ranges ordinarily from 80 to 86, very few points having one as low as 80. This protracted heat, with its great extremes, renders the system peculiarly sensitive to the sudden and excessive reduction of temperature which attends the dreaded northers, which are said to occur on an average about once a week during the winter.

Of the 22 posts, 5 report a minimum below 10, one of them 15 below; the same one, Fort Davis, reporting 2 below in April. And San Antonio, at an altitude of 600 feet, reports a minimum of 16 nearly as low a point as the thermometer touched during the coldest weather of last winter at a place in northeastern Georgia, at an altitude of 1,600 feet; quite as low, indeed, if the San Antonio observation was made, as it probably was, at the regular morning hour.

It will be seen that the annual range of temperature in Texas is great for its latitude, it being at Fort Davis 102, and at San Antonio 95, ranging from 109 to 14. And if the range is less on the Gulf, it must be remembered that moisture aggravates the effects of both heat and cold.

The influence of such a climate on the constitution I propose pointing out in the articles on hygiene.

In the Gulf states east of Texas the heat is less intense and fiery, because the air is more humid. But for the same reason it is more relaxing, that of Florida being preeminently so. No point in Florida has sufficient altitude to exert any appreciable influence in modifying the temperature. The 11 military posts for which I have a report of the extremes of temperature may safely be taken as affording a standard for the peninsula. Of these all but one report maxima ranging from 95, at Fort Dallas, on the Atlantic, near the southern extremity of Florida, to 106 at St. Augustine, on the northern part of the coast, and at Fort King, in the interior.

But the debilitating influence of the Florida climate is not so much due to great extremes of heat as to protracted high temperature and moisture, combined with the presence of malaria; the combination producing that cadaverous look which is characteristic of those who have long lived there.

The least minima at the 11 stations are 10 at Fort Barrancas and 11 at Fort King; the least at St. Augustine being 21. But those who winter in Florida find the winter minima, with the attendant humidity, very trying. I read not long since several letters addressed by the aged and distinguished Dr. Toner, of Washington, (famous for his medical library of 19,000 volumes), to Mr. Silas McDowell, of Macon county, North Carolina, in which he was making earnest inquiries about Highlands. He mentioned that he had learned the evil effects of the Florida climate on consumptives by its pernicious influence on those he had sent there.

One would have supposed that a little knowledge of disease and of the relations of climate to health might have taught him, long ago, the unfriendly character of such a climate, and thus have saved the necessity of learning by the sufferings of his patients.

But better late than never. There are those who seem destined never to learn. They are in a rut and can't get out, and their patients must take the consequences.

The region which is thought to compare most favorably with the Highland Plateau is the Cumberland Table-land. For this region I have complete reports for only two points; and these I judge to be on this table-land only from their latitude, longitude and altitude. University Place, which I suppose to be the seat of the Southern University, at an altitude of 2,000 feet, reports a mean summer temperature of 77.68 degrees, and a winter of 39.12. Pomona, at an altitude 2,200, reports a summer of 74.71 and a winter of 37.10.

It will be seen that both places report a summer at least 11 degrees hotter than that of Highlands, and the one a winter 5 and the other 2 degrees warmer. But University Place reports 17.7 inches of rain for the winter, a quantity which corresponds to that indicated on Prof. Henry's rain chart for the same region, while to Highlands he assigns but 10. From which data it is not difficult to see that the winter as well as the summer is pleasanter at Highlands than on the Cumberland Table-land.

In fine, while not without its climatic defects, it is on the whole the most desirable climate in the United States, sharing this superiority, however, with a portion of the southeastern slope of the Blue Ridge, which is continuous with it.

One realizes in this elevated region that invigorating influence which is characteristic of great altitudes, whether due to increased electrical tension, to the greater quantity of ozone, to both combined, or to some unknown cause belonging, like the increased tension and ozone, to high places. But there is no little probability that it is due, in a great degree, to the two causes specified, acting, as they do, unintermittingly on the system. I am aware that there exists just now a tendency to question whether ozone has any decided influence on the human organism. And yet ozone is the most energetic form of oxygen; and vital energy, other things being equal, is in proportion to the quantity of oxygen absorbed by the tissues. And it can hardly be accounted an excess of egotism if I add that I was, so far as I know, the first to formulate this relation, and that at a time when Youmans and the abler Draper were treating of oxygen, in its physiological relations, as a destructive agent merely, when the voluminous Carpenter was teaching that life is an effect—really a cause—of nutrition, and when Brown-Sequard was insisting, as I distinctly remember, on carbonic acid as the cause of muscular, and, if I do not err in memory, of nervous action, also.

But all the same, oxygen is the immediate cause and accurate measure of vital action; and as before stated, ozone is its most energetic form. And at Highlands, evergreens, constituting as they do, a large proportion of the vegetation, afford important conditions of its development in winter as well as in summer.

Highlands, unlike the river valleys, is exempt from fogs; though sometimes the clouds hang so low as to envelope it in mist. But I was

informed by the Rev. Hugh Millar Thompson and by Judge Bleckley, of the Supreme Court of Georgia, that these mists, when they do occur, do not wet the clothes as does a fog. They are both men of uncommonly clear heads and close observation. I can only conjecture that the peculiar state of the water in rain clouds causes the difference in the sensible humidity.

I have often wondered about an experience which seemed to me peculiar on the part of a delicate young lady, a consumptive, that I sent to Highlands. Riding at a distance from any house, she was repeatedly wet through by the sudden down-pouring summer showers, and as often she rode to her boarding place, sometimes several miles distant, before she changed her clothes; in every instance without taking cold. I have never been able to decide whether this exemption was due to some peculiarity of the climate or to the febrile state which is characteristic of consumption. A more remarkable case was that of another and very feeble lady whom I sent to western North Carolina. The old stage coach in which she was traveling by night having broken down, she was obliged to finish her journey, several hours long, in an open wagon through the rain, and yet she took no cold and was in no respect the worse for it.

The reader will not be surprised to learn that coughs, colds, consumption and rheumatism are almost unknown at Highlands, and that the people are distinguished for health and longevity.

And the phrase "truly delightful," which Guyot uses to designate the climate of western North Carolina, is probably more fully applicable to the Highland Plateau and the neighboring southeast slope of the Blue Ridge, than to any other region in or near it.

Nowhere else have consumptives improved more than, if as much as, at and near Highlands. But let no one who is within six months of the grave go to Highlands with the expectation of recovery, or even of improvement. It is useless and worse than useless for such to go away from home. It is better to die there than among strangers, however kind those strangers may be. While Highlands is eminently salubrious, and while it has achieved some wonders, it cannot work miracles.

As elsewhere in western North Carolina, not only are the more level lands fertile, but the soil of the steep mountain sides is often exceedingly rich, sustaining those enormous trees of which Guyot writes. The fruits and esculent vegetables, potatoes, turnips, cabbages, etc., are unsurpassed, if not unequalled, for richness of flavor. The yield, too, is abundant.

The apples are so solid that they will keep till apples ripen again, and they are much more easily protected from freezing during the winter than in the colder north. And they command a high price in the spring in southern cities, as indeed they do everywhere. An orchard of choice fruit at Highlands, with suitable provision for preserving it until spring, would afford a sure foundation for a competency. Indeed, I would rather have an apple orchard at Highlands than an orange grove in Florida, if I were obliged to reside near my trees.

In the lowlands of the south the potatoe rapidly deteriorates, and it is necessary, in order to insure a good quality, to import the seed. Highlands has the advantage, not only of nearness, but of being able to furnish a better quality than that of those imported from the north.

Fine flavored peaches cannot be raised at Highlands, and the sweet potato, though attaining to large size, deteriorates as certainly as the common potato does in the lowlands. But strange to tell, just over a low ridge, in a sheltered valley sloping to the southwest, within two miles of Highlands, the richest of peaches and the sweetest of sweet potatoes can be raised in abundance.

Of the grasses grown at Highlands, I saw three different species which were green in midwinter. One of these was the so-called winter grass, mentioned by Guyot. The others were blue and orchard grass. And though the low temperature of winter may check the growth too much to render it sufficient for food on enclosed farms, yet stock does well on the wild grass during the winter, where there is an extensive range. And several winters may pass without a storm so severe as to require any other shelter than that afforded by the forests and the mountain sides. Indeed, violent storms are rare at any season of the year. Pleasant breezes are common in summer, but high winds are seldom felt, and in the coldest winter days the air is as still as in the much more severe days of high northern latitudes.

Not only are the mild winters, cool summers, and dry mountain sides of the Highland Plateau admirably adapted to the sheep, but it is probable that they are equally so to the Cashmere goat. For though the summers of the high valley of Cashmere are hotter than those of Highlands and the winters have a greater abundance of snow, yet the most of the Cashmere wool is grown farther north in Thibet, where the air is dryer and where the summers are cooler. That the Angora goat would thrive at Highlands there can be no doubt.

And Mr. J. R. Thompson, formerly of Joliet, Ill., is about to show how fine a flavor the sweet grasses of that upland country can contribute to dairy products.

I have endeavored to give as faithful an account of the climate and resources of the Highland Plateau as the information within my reach would enable me to. If I have expressed myself strongly in favor of its climate, it is no more than Guyot has done in regard to western North Carolina in general; and this is the most desirable portion.

What I have written in regard to its resources is to be taken with this consideration, that it is not connected with markets by railroad. But the contractors are under heavy bonds to complete the Cincinnati Southern within a year from last summer; and this will expedite the completion of the Blue Ridge railroad and the Northeastern Georgia to Rabun Gap, which will insure a narrow guage to Highlands before a long time. When this is realised Highlands enters on a career of great prosperity.

Colleges, Societies, etc.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. M. PAINE, M.D., OF ALBANY.

The semi-annual meeting of the New York State Homœopathic Medical Society was held at the Asylum in Middletown, September 17 and 18, 1878.

There was a large representation of Homœopathic physicians, both male and female, from all parts of the State, besides most of the members of the Orange Co. Homœopathic Medical Society, and a few visiting physicians from other states. A special car was attached to train No. 1 from New York, which was filled with delegates.

Dr. Talcott, Medical Supt. of the Asylum, met the delegates and visitors at the train. Carriages and omnibuses had been provided to convey the party to the Asylum. Most of these were strangers here, and they were loud in their expressions of admiration and praise of the village, its location, surroundings, etc.

Arrived at the Asylum, they received a cordial greeting from Supt. and Mrs. Talcott, Assistant Physician and Mrs. Butler, and Assistant Physician Paine.

The party were then conducted through the different wards of the Asylum, and were very emphatic in their praise of the excellent order in which everything was found, reflecting high credit upon the Superintendent and his assistants.

After this they all sat down to an excellent lunch spread in the connecting corridor.

At half-past one the Society was called to order by Dr. Wm. Gulick, its President, of Watkins, N. Y.

The Society was then formally and cordially welcomed on behalf of the managers and the Orange County Medical Society by Dr. Talcott, Chairman of the Committee of Arrangements, in a very happy address, which was responded to by the President.

DR. TALCOTT'S WELCOMING ADDRESS.

Gentlemen of the State Society:

In behalf of the managers of this Asylum, and in behalf of the members of the Orange County Medical Society, we tender you a cordial and earnest welcome to the walls of this beneficent institution.

The occasion is one of rejoicing to us all. We meet as members of a progressing society, organized for the development of a progressive science, through the medium of a progressive medical theory. More than half a century of studied experiment and practical application has proved the vast and untold value of the theory upon which we work. Now, more than ever before, do we realize the mighty power of that far-reaching truth embodied in the law, "*similia similibus curantur.*"

For many years the principles of Homœopathy attained favor but slowly, and under adverse and discouraging circumstances. Single handed, unaided by counsel, unguided by the wisdom of experience in the "law," in the midst of the Philistines, ostracised by his fellows in the healing art, at isolated bedsides, the Homœopathic physician toiled, as all reformers toil, amid the solitude of his own unassisted efforts; feeling, as all reformers feel, that keen bitterness of him who first treads a new and untried path, the feeling that he is alone, and that his labors are regarded with suspicion and distrust by those around him.

But the light of a new day has dawned, and we no longer grope in the darkness of utter loneliness. There is no more desultory fighting by single handed combatants, but a strong, organized, and largely recruited force now upholds, with steady grasp, the banner of Homœopathy.

The cause we represent has become a power in the land; a power which is felt and acknowledged in cottage and palace, in council chambers and in legislative halls, until at last we have rights vouchsafed to us which we were, hitherto, long and bitterly denied.

The right to practice medicine in the light of a newly discovered law of cure; the right to prolong life and restore health through benign means; the right to cast away the superstitious traditions and rank barbarities of past ages; these are a few of the rights which have been secured to us in these progressive and steadily advancing times. The right to be represented in benevolent institutions for the care of the sick has been recognized and granted; the right to treat those diseased in body and mind, under the regulation and support of State enactments and State appropriations, has been established; and here, in this elegant structure, is the unimpeachable evidence. When before has this society met in deliberative and discussive council in an edifice which it could call its own? Who could have dared to dream, half a century ago, that such a magnificent temple as this would ever be dedicated and devoted to the service of Homœopathy? Surely the world does move, and in the right direction. Truth is prevailing; for "the eternal years of God are hers."

We have, then, manifold reasons for thankfulness, at this our semi-annual meeting, and it is with a joyous heart that we bid you welcome now. May the reasonable gladness of the hour banish every thought of personal aggrandizement and personal hatred. May we unite in a season of mutual interest and mutual improvement. May the deliberations of this meeting be so characterized by that harmony of feeling, that eager searching after truth, that warm regard for the science we all profess to love, that no thought of bickering contention or unbrotherly strife shall enter in, or find place in the work of the hour.

We recognize in the faces before us some of the most distinguished and honored in our school of medicine. The ripe wisdom of years and the keen brilliancy of early manhood are here. For the first time in the history of this institution we feel most forcibly the truth of Shakespeare's couplet:

"Great wit to madness nearly is allied;
And thin partitions do her bounds divide."

The wit and wisdom are, we trust, gathered in this room; and the madness, we feel sure, is all on the other side of the partition.

To a harmonious and fruitful meeting; to a candid discussion of scientific truth; and to the sharpening attrition of cultured minds, we tender you an enthusiastic welcome; welcome to the protecting shade of this young temple of progressive Homœopathy.

Following are the names of the delegates and visitors present at the opening:

Doctors Wm. Gulick, Prest., Watkins; A. R. Wright, First Vice President, Buffalo; W. L. Fiske, Second Vice Prest., Brooklyn; A. K. Hills, Rec. Secy., N. Y. city; E. S. Coburn, Treasurer, Troy; E. Guernsey, New York; A. S. Cauch, Fredonia; H. M. Paine, Albany; Mrs. Dr. Pomeroy, Syracuse; Geo. F. Foote, Stamford, Conn.

The following from New York city:

Mrs. Dr. Wait, S. P. Burdick, A. H. Burdick, H. A. Wright, Mrs. Dr. Mary C. Brinkman, Mrs. Sarah J. White, William Scherzer, Alexander Berghaus, C. A. Bacon, R. McMurray, C. E. Blumenthal, H. H. Tinker, H. D. Paine, F. E. Doty, John Butler, H. M. Smith, W. Y. Cowl, Chas. McDowell, T. F. Smith.

From Brooklyn the following: R. C. Moffat, Mrs. Dr. L. A. Craft, E. Hasbrouck, Mrs. Dr. A. B. Campbell.

C. A. Belden, Jamaica; F. G. Oehme, Staten Island; T. C. Fanning, Tarrytown; L. W. Flagg, Yonkers; Mrs. Dr. Anna Howland, Poughkeepsie; C. J. Miller, Mt. Kisco; E. L. Davis, Nyack; Sam. Talmadge, Brooklyn; Prof. H. N. Guernsey, Philadelphia; T. L. Brown, Binghamton; A. P. Hollett, Havana; J. L. Seward, Orange, N. J.; J. J. Youlin, Jersey City; Dr. H. N. Guernsey, of Philadelphia.

Following are the members of the Orange Co. Med. Society present:

Drs. Ira S. Bradner, C. M. Conant, Fred. Bradner, Middletown; C. M. Lawrence, A. P. Macdonald, Port Jervis; J. T. Hotchkiss, Cornwall; H. C. Smith, Montgomery; A. M. Woodruff, Goshen; Saxton, Warwick; Miss Dr. Julia E. Bradner, Middletown.

ADDITIONAL ARRIVALS.

The arrivals in addition to those previously announced in the Press, are as follows:

Drs. W. T. Helmuth, G. E. Lilienthal, A. M. Piersons and J. W. Dowling, of New York; Wm. Simpson, of Brooklyn; C. B. Cook, of Hudson; M. O. Terry, of Utica; Chas. McDowell, of Ward's Island; T. D. Manie, of Windsor Locks, Conn.; and J. W. Ostrom, of Goshen.

Among the visitors is Dr. George F. Foote, of Stamford, Conn., who was the originator of this Asylum and through whose instrumentality it was located in Middletown. He was its Superintendent during the construction of the first building. Dr. Foote has been for the past five years successfully conducting a private Asylum for the Insane at Stamford, Conn.

REPORTS OF BUREAUX.

BUREAU OF MENTAL DISEASES.

The chairman, Dr. S. H. Talcott, presented and read the following papers :

“Prognosis of Insanity.” By S. H. Talcott, M. D., Superintendent of the Asylum.

“State Prison or Lunatic Asylum.” By S. Lilienthal, M.D. Read by his son. The paper recited many cases selected for the purpose of pointing out the causes of some obscure forms of mental disease and aiding in their diagnosis.

“Indications and Observations for the Use of Fourteen Remedies in the Treatment of Insanity.” By Wm. M. Butler, M.D., First Assistant Physician. When the officers assumed charge of the patients in the Asylum they found great difficulty in determining the appropriate remedy, no suitable analysis or classification of the mental symptoms of provings having been prepared. This paper furnishes therapeutic indications of fourteen of the more prominent homœopathic remedies.

Dr. Butler stated, in reply to a question, that usually the lower potencies were found more serviceable in the treatment of acute cases ; but all potencies had been employed. When one potency failed, another had been tried.

Dr. Fisk referred to the three remedies recommended by Dr. Hahnemann ; also the fact that indications furnished in Dr. Butler’s paper, being all taken from provings, constitutes one of the strongest evidences of the truth of the homœopathic principle.

Dr. — observed that he had noticed only one new medicine, *Lilium*, among the fourteen selected by the author of the paper, the others being old, standard remedies.

Dr. H. N. Guernsey called attention to the utility of *Aurum* in the treatment of suicidal mania ; also indications for the selection of *Stramonium*, *Sulphur* and several other remedies.

Dr. W. M. Butler spoke of the applicability of *Arsenicum* in certain forms of suicidal mania.

Dr. Couch expressed confidence in other remedies than *Digitalis* in cases where a slow pulse is a prominent symptom.

Dr. Berghaus referred to the use of *Cantharis* in the treatment of cases of masturbation.

“Mechanical Appliances in the Treatment of Insanity.” By N. Emmons Paine, M.D., Second Assistant Physician. The paper described a tin case attached to canvas pants, for the purpose of preventing masturbation. There are two forms each for male and female patients. These instruments have been employed in the Asylum for several months with decided success. A new form of straight jacket was described, and a specimen exhibited. It is an improvement on the old style so long in use in all insane asylums. Another novel, but simple and effectual, expedient described in the paper had reference to the method re-

sorted to for feeding patients who will not allow food to be received through the mouth. It was that of inserting a soft catheter through the nose into the stomach. Ordinary catheters having been found too short, longer ones have been procured for special use in the cases described.

"Uterine Examinations of Female Patients." By Miss Georgie Horton, Medical Assistant. The paper stated that this mode of examination and the treatment founded thereon was first resorted to in this Asylum. Its marked advantages have been demonstrated in numerous cases.

The paper by Superintendent Talcott succinctly pointed out the essential characteristics which enable the practitioner to make out a correct prognosis with a good degree of accuracy. Among the points noted were heredity, age, epilepsy, traumatic injury of the brain, influence of masturbation, menstruation and sex. The statement that there were more insane females than males was controverted by an exhaustive analysis of statistics, showing that during the last year in forty-eight asylums in this country and Canada there were admitted 14,889 males and 13,252 females. The influences of duration, form, syphilis, mental and moral forces were elaborately considered.

Dr. Bacon thought that one reason why there were more insane males than females in the West would be found in the excessive labor and mental anxiety which a residence in a new country involves. Regarding the influence of masturbation, he had not observed insanity to follow the habit except in cases where there was evident deficiency of mental power.

Dr. George F. Foote called attention to one of the causes of insanity, viz: the influence of galvanism developed by having teeth filled with two kinds of metals. He related two marked cases where prompt relief followed the removal of amalgam with which teeth had been filled.

Dr. McMurray, in searching for the cause of masturbation, had noticed that in two aggravated cases one or both parents were insane.

Dr. Conant corroborated the statement made by Dr. McMurray.

Dr. Talcott stated that in many cases the habit was evidently a result of insanity in the party.

BUREAU OF MATERIA MEDICA.

"Carbolic Acid, Kreosote and Petroleum." By C. M. Conant. The prominent characteristics of the three remedies named were compared, showing their peculiarities, many of which were common to each. Their applicability to many of the more common forms of disease was pointed out.

BUREAU OF CLINICAL MEDICINE.

"Medical Combination." By T. L. Brown, M.D. In this paper the author endeavored to read a lesson of reproof to those physicians who are humanely seeking to bring about a union of medical men in their efforts to ameliorate and treat the diseases to which the human family is subject.

"The Secondary or Immediate Causes of Death." By Walter Y. Cowl, M. D. The doctor referred to the neglected field of investigation in the direction

named. He gave an analysis of the secondary causes of death in sixty cases at Ward's Island Homœopathic Hospital. They were enumerated under the following heads: failure of the blood, lungs, circulatory and nervous systems.

"Homœopathy, Its Sphere of Action, and Its Relation to Clinical Medicine." By C. E. Blumenthal, M.D. The paper was a profound dissertation, covering the whole field of health, disease, and the appropriate application of remedies. He claimed that the name Homœopathist is

ONLY A NICKNAME,

like the term Allopathist, Lutheran, Yankee, derisive epithets. The true name is that of "Scientific Physician." Empirical practice was clearly defined and the application of the principle *similia* was claimed to be the only scientific method of treatment. The doctor emphasized the necessity of procuring reliable

PROVINGS OF MEDICINES,

and minutely described the thorough methods adopted by himself. His system requires five provers, three males and two females, who prove each remedy twice, the second trial following the first after an interval of three or four months. While making the second proving the parties are kept ignorant of the substance employed. Usually the second proving develops only a few symptoms. Only those experienced by all of the provers are preserved and considered reliable. The doctor illustrated his method of selecting the remedy homœopathic to the disease, by relating several very interesting cases occurring in his practice. He cured two violent cases of diphtheria by sulphuric acid, which was one of the few drugs which he was able to prove satisfactorily. Internally, he administered it of the third centesimal dilution, and the first centesimal dilution in the form of spray thrown against the affected parts by means of a perfumery atomizer.

A DISCUSSION

followed the reading of Dr. Blumenthal's paper, participated in by Drs. Guernsey, of Philadelphia, Brown and Paine, regarding the classification and grouping of symptoms obtained by provings in such a manner as to preserve the natural arrangement representing all the diseases met with in ordinary practice.

BUREAU OF SURGERY.

"Genito-Urinary Surgery, Ancient and Modern." By W. M. L. Fisk, M. D. The author presented a history of the various operations for the removal of stone in the bladder.

Dr. W. T. Helmuth minutely described the high operation above the symphysis pubis, and pointed out its comparative safety and advantages over the low operation. The doctor also called attention to some of the new and original American processes in the operation of lithotomy and of lithotripsy.

Dr. M. O. Terry presented "Wire Cloth as a Surgical Application," which was read by title and referred.

Dr. John Butler, of New York, related at length his experience in the

USE OF ELECTRICITY

in the relief of stricture.

At about eight o'clock before the topics of the day were completed, the discussion of medical matters was suspended for the

DISCUSSION OF MATTERS MATERIAL.

The afternoon session was entirely harmonious and very interesting. There was difference of opinion expressed but no sparring. There was a manifest and earnest desire for the truth. The best talent of the profession was present and its ripest thought was given. Much of the experience related and opinion expressed was largely corroborative. The doctors were apparently very ready to adjourn for the banquet which followed.

THE BANQUET.

which was given to the State Medical Society by the Asylum Trustees in conjunction with the Orange County Medical Society, was a most happy affair and was a complete success in every way. The discussion of the bill of fare, which was an extensive one, occupied three full hours, and the speaking continued until midnight. The banquet took place in the main hall on the first floor of the main or executive building occupied by the officers, in the reception room of which the discussion was held.

THE SUPPER,

which was prepared by a celebrated New York caterer, Mr. M. Bergman, of Twenty-seventh street and Broadway, was the most elegant ever spread in Midletown, and gave immense satisfaction.

THE TABLE,

which was one hundred and fifty feet long and would seat one hundred and thirty people, occupied nearly the entire length of the grand corridor, and presented a beautiful and inviting appearance. Elegant silver flower stands filled with rare exotics from the green house and garden were seen at frequent intervals, and at every plate a napkin, ingeniously folded, enclosed a beautiful button-hole boquet. There were pyramids of fruits and confections and elegant silver service, and everything in first-class order. Experienced waiters from the New York establishment were in attendance. The courses were served in regular order and ample justice was done to each in its turn.

Around the festive board there was a fair sprinkling of fair ladies, female physicians, wives of doctors and Trustees and Asylum officers, and young ladies of the village. Representatives of the *Daily Press* and *Argus*, of the village, *Warwick Advertiser* and *Monticello Watchman* were present, some of them with their wives. The doctors, who sometimes do "disagree," high dilutionists and low dilutionists, and the Trustees, who are not always of one opinion, sat down together in perfect peace, and under the softening influence of the society of ladies and the presence of appetizing viands, passed three busy hours with nothing to mar the pleasure of the occasion. The viands were selected, it was claimed, on true homœopathic principles. In medicine this school claims to select just the proper remedy for the disease. What will cause the symptoms of disease in a healthy person, it is argued, will cure that disease in its reality. The remedy being properly selected the school is liberal as to the dilution. It may be high

or low. So the viands were selected with a view of satisfying the appetites which they created, and the experiment proved a great success. After the banquet the company was in excellent humor for the "feast of reason and flow of soul" which followed.

THE TOASTS

were read by Dr. Alfred K. Hills, Secretary of the State Society, and were very appropriate to the occasion. In the absence of Fletcher Harper, President of the Board of Trustees, Vice-President Grennell Burt presided, filling the bill completely and making a neat and characteristic opening address.

MR. BURT'S REMARKS.

Mr. Burt extended a hearty welcome to the members of the State Society, whose visit he was sure would result in what it was intended, a great benefit to the asylum. They came and with their own eyes saw the institution and what it is doing for the amelioration of the suffering insane. They must be convinced of its usefulness, of its claims upon their favor, and it must receive their cordial support. He said that he had been connected with the institution almost from the beginning, and had always taken a deep interest in its success. He referred to the differences that had existed between the profession and the trustees, which were now happily at an end, and assured them that the trustees would maintain the integrity of the institution as a homœopathic asylum against all inroads. He referred to the financial management, which he said was a success. There was a time when it was at loose ends, but it is now managed on business principles. Instead of the local trustees being obliged to incur personal financial liabilities as formerly, in order to carry on the operations of the institution, its credit was now sound. For the year ending April, 1877, the expenses were \$36,726.74, for an average of 76½ patients, at a cost to each of \$9.21 per week. Under the present management, the expenses for the year ending April, 1878, were \$37,577 for an increased number of 115 patients, at a decreased cost per capita of \$6.25 per week. The institution does not owe a dollar which it cannot pay. It more than pays its running expenses. The time will soon be at hand when it will be pointed to as the model institution of the State, of the country and of the world. The most pleasant relations now exist between the trustees and officers.

He advised the doctors to "pool their issues," and appealed to them on their return to their homes to remember that the New York State Homœopathic Insane Asylum is located at Middletown. He called their attention to the fact that the building for female patients is now full, and in a few months the other building for males will also be full. Another building is an immediate necessity. He asked the physicians to speak to their representatives at home about the appropriation for a new building which the trustees will ask the legislature for next winter. Mr. Burt's remarks were received with hearty applause.

The toasts were read and responded to in the following order :

1. The State Homœopathic Asylum for the Insane ; its influence and efficiency are quite apparent.

Responded to by Dr. S. H. Talcott, who spoke as follows :

SUPT. TALCOTT'S RESPONSE.

MR. PRESIDENT, LADIES AND GENTLEMEN.—In response to the toast just given, "The State Homœopathic Asylum for the Insane," we can say as Webster said of Massachusetts, "There she stands ; she can speak for herself."

Yes! though brief her existence and rough the weather she has sometimes experienced, she has grown tough and strong even in the face of adverse winds ; she has done with the lispings lullabys of weakling infancy ; she has thrown off the swaddling clothes of State appropriations for maintenance, and she now stands and walks alone, and proclaims her usefulness in no uncertain numbers. She has, in fact, grown too large for her present wrappings, and needs some elaboration of her wardrobe. I trust that her mother, the Empire State, will appropriate enough during the coming winter to add another border to her phylacteries.

There are weighty reasons why, as homœopaths, we should felicitate ourselves for having in charge a public insane asylum, supported by the State. The fact gives rank and standing to the homœopathic profession at large. The opportunity is afforded to develope, in the treatment of a terrible disease, the powers of the healing art under the homœopathic law of cure. New and untrodden fields of observation, investigation and research are thus opened up for our use and cultivation.

But with the privilege comes vast responsibility. This institution is chartered by law as an asylum for the homœopathic treatment of the insane. Common honesty must always impel its managers to see to it that the law granting it life is rigidly enforced, both in spirit and in letter. And it affords me pleasure to state that so far as my knowledge extends the trustees in charge do this. Therefore you may rest assured, my brethren, that this institution is, and will be, what it purports to be—a homœopathic asylum. It is not established to further the interests of any clique or faction, but to illustrate and develope the power of the law of similars, and to restore the insane to their right minds through the mild and gentle means which are here employed. Its results will be garnered up for the use of all believers ; and the laurels it may win will go to crown with honor and glory the entire homœopathic profession.

In daily practice in our wards we seek to exemplify "the law" as promulgated by Hahnemann, and as interpreted, in these latter days of scientific progress, by the ablest and most impartial of the master minds of our school. In prosecuting this work we are unbound by the fetters of narrow-minded and fanatical attachment to any particular potency ; but we sweep the entire gamut of potencies in our endeavor to accomplish the grand object of our efforts : the safe, sure and speedy restoration of the sick to sound and permanent health. We recognize and abide by the fundamental principles of the homœopathic law of cure, the invariable use of the single remedy, the drug to be previously proven upon the healthy, and applied in disease according to the totality of symptoms, both

subjective and objective; but we have not pinned our faith to any single potency, whether it be the first, third, thirtieth, or two hundredth. We use such of them, one or all, as each individual case seems to require, and patiently jot down results as far as we are able to ascertain them.

Paglini, the famous Italian violinist, could evolve divine harmonies from a single string of his violin. Many excellent musicians have failed in a similar attempt. That great healer and harmonizer, Carroll Dunham, worked magical cures, sometimes, with his two hundredth potencies. Not all of us can hope to handle such delicate weapons against disease as skilfully or as successfully as he; but by using all the legitimate means within our grasp we may at least hope to become good and successful homœopathic physicians.

The application of Homœopathy to the treatment of the insane is made in the face of numberless and trying discouragements. We are often forced to grope along a rugged portion of the path where the light of former experience has never penetrated. No disease is more difficult to comprehend in all its bearings, and in none do we meet with more heart trying disappointments. In the application of Homœopathic drugs to the ever varying condition of insanity we often feel like asserting, in the language of the gardener in Thompson's "Seasons,"

"Ye little know the care, the vigilance,
The labor and the skill which day
And night are exercised, and hang
Upon the ticklish balance of suspense."

The great work we have undertaken is but just begun. You should not, therefore, my professional brethren, exact or anticipate too much from the Asylum in this comparatively early stage of its existence. All we can say is that the bright promises of its youth are being happily fulfilled, and a golden future, we believe, looms up before it; but the path ahead is not all strewn with roses, and the wheels of progress ever move slowly. Time, patience, and persistent effort are all large factors in the sum of its ultimate success. We beg your forbearance and we crave your cordial and united support.

I remember, when but a very youthful school boy, hearing William H. Seward, that mighty statesman of the past, plead in behalf of a young, and at that time almost unknown, political party; and the burden and oft-repeated refrain of his speech on that occasion was composed of a few simple but thrilling words which struck me with admiration, and which have clung to my memory ever since. The words, which found a ready response in many American hearts, were these: "All we ask is fair play." Those words of the dead statesman, speaking for a young and feeble party, which afterwards grew to mighty and victorious proportions, I now repeat in behalf of this Asylum, "All we ask is fair play;" and if it is granted, you may rest assured that the tide of our prosperity will move on in majestic volume like the resistless flow of a mighty river.

It is related of Cornelia, the heroic mother of the Gracchi, that when asked to display her jewels, she brought in her two boys, glowing with lusty health, and pointing to them with all a mother's pride, said, "these are my jewels."

With such a spirit of honest pride should the Homœopathic profession of the Empire State point to this Asylum; for it is indeed a precious jewel in the Homœopathic crown of glory.

And you may rest assured it shall be our aim, as I believe it is the aim of all who are intimately connected with this institution, to keep that jewel bright and unspotted before the world.

2. The Orange Co. Homœopathic Medical Society. Its hospitality equal to any emergency.

DR. LAWRENCE'S RESPONSE.

Responded to by Dr. C. M. Lawrence, of Port Jervis, who wished the duty might have fallen on some other, for instance upon Dr. Ira S. Bradner, the oldest living member of the County Society, who, however, is a "silent member." The Orange County Medical Society was organized in 1852 in the city of Newburgh. Dr. Gerarld Hull was the first President. There were only eight members, but some of these removing, the Society, after a few feeble years, died, and was resurrected again in 1870 at Goshen. "It was a large and respectable gathering," said the rubicund doctor. "I was large and my friends Bradner and Hotchkiss were eminently respectable." It has since grown in numbers and importance, and much of its strength has lately come from the Asylum located in its midst. Homœopathy, he firmly believed, from being the secondary would become the dominant practice in Orange county.

3. The State of New York: Imperial in all things. The institutions for the relief of suffering scattered over her broad domain are the brightest jewels in her crown.

SENATOR ST. JOHN'S RESPONSE.

Responded to by Hon. D. B. St. John, of Newburgh, who said he came, not to speak, but to listen and learn of the institution. Of the great Empire State, with its immense canals, railroads and school systems, he would not speak, but of its charitable institutions it would be well to say a word. Its asylums for the deaf, dumb, blind and unfortunate insane are its brightest jewels. He congratulated the profession upon the founding and successful progress of their institution. His first act as a member of the Senate had reference to this institution. The legislation for the charitable institutions of the State had for three years been somewhat directly under his own supervision, and he trusted his course with reference to this asylum had met the approval of its friends. (Applause.) In the future he should stand by it as in the past. He took a deep interest in it not only as a State affair, but as one concerning closely his own constituency. He congratulated the profession on its success, and was willing to say he would hereafter be found among its friends as he had been in the past. (Applause.)

4. The Homœopathic Medical Society of the State of New York, upward and onward, hand in hand with progress and science, is her watchword.

Response by Dr. Wm. Gulick, President. He spoke briefly of what it had done. Organized in 1850 it had established a new degree in medicine, organized a bureau of vital statistics, medical journals, and forty county societies. Its published volumes showed scientific research and valuable discoveries in the science of the healing art.

5. Mental and Nervous Diseases ; their subtle influences find their most potent counterparts in *similia similibus curantur*.

Response by Dr. H. N. Guernsey, of Philadelphia. Pennsylvania, he said, comes to New York with kindly greeting. Homœopathy has now a real *materia medica*. Its physicians have positive guides in the selection of remedies for diseases, which they can intelligently prescribe. With thorough knowledge of its principles, they can practice with certain success. As to potency high and low, the hatchet between Pennsylvania and New York is forever buried. [Applause.] When the physicians come to know the proper use of homœopathic remedies for mental and nervous diseases, then will the physicians of the Asylum administer them with increasing success.

6. The Ladies ; God bless them ; the pioneers in every great work for the relief of suffering.

Responded to by Dr. A. S. Couch, of Fredonia. His speech was full of humor, and was very apropos to the toast. He had studied the subject, he said, from early infancy by a process of "natural selection," and knew, as every man who has been born must know, that woman is the basis of all that we are, and in a Pickwickian sense he might say, in behalf of those recently married, she was the basis of — hopes. He was glad the time had come when all the avenues of learning and science, long monopolized by men, were open to women, not only in this glorious land, but in other lands. By the force of her own energy, at the knock of her own fair hands, the doors of the chief institutions of learning in England, France and Germany are open to both sexes alike. It will be years before the wisest and best are drawn from their ranks, but the crowning glory will be achieved in her greater sphere at home. He closed by repeating an apt quotation from Tennyson's "Princess." He was greeted by frequent applause.

7. Our Departed :—Peace attend them ; their virtues should ever remain fresh in our memories.

Silence.

8. Our Medical Colleges the nurseries of advanced science.

Dr. Dowling, of New York, responded briefly in behalf of the New York Homœopathic Medical College, and spoke of the magnificent institution in which they were gathered as another of which they could well be proud. He paid a warm tribute to Dr. Talcott, who is one of the alumni of the college with which he himself is connected. He expressed his deep sense of gratitude to him, for it was under his kind care that his own sainted father (Rev. Dr. Dowling) recently within these walls, breathed his last.

THE NEWSPAPER PRESS.

9. The Press :—The fulcrum for which Archimedes sought in vain to move the world.

This toast was assigned to Mr. M. D. Stivers, of the *Press*, who excused himself and introduced as a substitute Hon. Geo. M. Beebe, of the Monticello *Watchman*, the present representative in Congress from this district. After a graceful introduction, Mr. Beebe spoke of his efforts in behalf of the institution while in the State Legislature, referred to by Mr. Stivers in his remarks, which he said had always been cheerfully given. He gracefully acknowledged the value of the services in a similar capacity of Senator Madden, under whose supervision he worked for the appropriations asked for by the Asylum. He did it because he believed the profession had a right under the munificence of the Empire State to a fair show : a right to found such an institution. It is now known as the first institution of its kind in the world, and known by the world wherever science and civilization have made their way. The newspaper press would give them an opportunity to advance their theories and principles. It would not always be fair. It would sometimes assail and criticise them, but it would do them good. He closed by quoting the following lines from Cowper ;

How shall I speak thee or thy power address,
Thou god of our idolatry, the press ?
By the religion, liberty and laws,
Exert their influence and advance their cause,
By thee worse plagues than Pharaoh's land befell
Diffused, make earth the vestibule of hell ;
Thou fountain at which drinks the good and wise,
Thou ever bubbling spring of endless lies.
Like Eden's dread probationary tree,
Knowledge of good and evil springs from thee.

10. Medicine and Surgery ; their comparative ages and relationship.

This was responded to in verse by Prof. W. T. Helmuth, of New York, who stands foremost among his school as an eminent surgeon. His response, which was received with much applause, was as follows :

PROF. HELMUTH'S RESPONSE.

I am a Surgeon, and in making this assertion,
'Tis my apology for doing what I can
To set aside that undeserved aspersion,
That says Surgery is quite as old as man,
Holding within its vast consideration,
All wisdom, knowledge, ethics and decorum,
That Surgery is claimed as is a poor relation,
Being at best the *opprobrium medicorum*.
'Tis certainly a subject for humility,
And one 'tis hard for Doctors to endure,
That they must own their utter inability
In many cases to effect a cure.
And then with shrugs and sighs their patients urge on
To give themselves their only chance for life
By calling on the quite forgotten Surgeon,
Who cuts and cures them with the dreaded knife,

But as for age, I'll prove 'tis all a libel,
 That statement's bold, but I can make it bolder,
 For on no less authority than the Bible,
 I'll prove that Surgery is surely older
 Than any form of med'cine whatsoever,
 And having finish'd will appeal to the majority,
 To have the point adjusted now forever,
 That Surgery in age can claim priority.

'Tis true the snake aroused the curiosity,
 And gave to Eve the apple fair and bright,
 She ate, and with a fatal generosity,
 Inveigled Adam to a luscious bite.
 That from that time disease and suffering came,
 Doctors were called upon to cure the evil,
 The art of healing then with all its fame
 Was at the first develop'd by the devil.

Med'cine thus stands co-evil with the sinning
 Of Mother Eva, fair creature, tho' quite human,
 While noble Surgery had *its* beginning
 In Paradise before there was a woman.
 The facts are patent and we all agree,
 'Twas Satan laid on man the direful rod
 That Doctors are the devil's progeny,
 While Surgeons come directly down from God.

For thus we read, although the analgesia
 Of Richardson was then entirely unknown,
 Adam profoundly slept with anæsthesia,
 And from his thorax was removed a bone.
This was the first *recorded* operation,
 No doctor here dare tell me that I fib,
 And Surgery thus early in creation
 Can claim *complete excision of a rib*.

But this is nothing to the obligation
 The world to Surgery must ever own,
 When woman, loveliest of the creation,
 Grew and developed from *that very bone*.
 Then love-sick swains began inditing sonnets,
 And Fashion talked with Folly by the way,
 Then came *bulemia* for becoming bonnets,
 Hereditary epidemic of to-day.

Then, too, began these endless loves and frolics
 That poets sing in sweet and low refrains,
 Doctors grew frantic o'er infantile colics,
 Announced at midnight with angelic strains.
 From this the world was peopled—so Doctors own
 While you lay claim to such superiority,
 That Surgery, *in the development of bone*,
 As well as age, can clearly claim priority.

My task is done, and with my best endeavor,
 I have essayed to vindicate my art.—
 So list, my friends, ere friendly ties we sever,
 While waning moments bring the hour to part—
 Whatever land, whatever clime may hold you,
 Sometime give honor to the bright scalpel.
 And when you recollect what I have told you,
 Remember me—'tis all I ask—farewell.

The following toasts on the programme were omitted for the lateness of the hour.

11. Our Civil Relations—Dr. H. M. Paine.
12. One of the Pioneer States on Homœopathy; the State of New Jersey—Dr. J. J. Youlin.
13. The Progress of Homœopathy; she still keeps pace with advancing Civilization—Dr. H. D. Paine.
14. Our Cause; the noblest and grandest of them all—Dr. E. Guernsey.

SENATOR MADDEN CALLED OUT.

Dr. Lawrence proposed as a volunteer toast "The health of Ex-Senator Madden, to whom the institution owes so much."

Mr. Madden briefly responded in his usual forcible style, and made some plain and pertinent remarks. As a Senator he had done all he could for the Asylum. The opposition it had met with in the past was not because of its school, but the question was, "can the State afford the expense?" The State can afford the expense, and it has poured out its money like water for this and all institutions of a philanthropic nature. "If it does not succeed it is your fault, gentlemen," he said, "and not hers." Recently at the county Poor House of Orange county he met a man whom he had known in early youth as the son of a wealthy father, and who is now an inmate of the Alms House. When men complained to him of its cost, he said in answer, "we had better say nothing of that, we know not how soon we may be inmates there." Such institutions, however, must be managed on a business basis. That was why he had struck for a local Board of Trustees of business men in place of a board of physicians scattered all over the State. He was glad the point was gained.

The trustees are well known, honorable business men, who conduct the financial affairs of the Asylum properly and on business principles, and who will not interfere with the medical treatment, except to see that its integrity as a Homœopathic institution is preserved. On the other hand, they would resist and prevent any such change. Although for the past year and a half, under the present administration, we haven't seen or heard so much of the Asylum down town as formerly, he was satisfied that it was ably and efficiently managed now, and that a most capable man is at its head.

The citizens of Middletown believed it well managed, and regarded it as an ornament to their town. He knew the day would come when the people would point to it with pride as the foremost and prominent institution of its kind in the State, in the county, and in the world. His remarks were greeted with marked applause, and closed the speech-making of the evening.

AFTER THE BANQUET

many of the guests were sent in the Asylum carriages to the hotels in the village, and some were entertained at the Asylum by the officers. Mrs. Dr. Talcott and Mrs. Dr. Butler, as well as their husbands, did everything in their power to make the visiting physicians and all the guests at home, and contributed largely to the success of the banquet.

SECOND DAY.

BUREAU OF GYNÆCOLOGY.

"An Unnoticed Cause of Uterine Disease in Married Females." By J. Robie Wood, M.D.

"A Paper on Hydrorrhœa Gravidum." By R. C. Moffatt, M.D.

"A Case of Insufficient Development with Rupture of the Perinæum and Uterus." By R. C. Moffatt, M.D. Cure effected by means of the usual operation.

"A Case of Carcinoma of the Breast." By R. C. Moffatt, M.D. The author stated that the case was still under treatment, and that Conium mac. controls the pain.

Dr. Burdick had found Sepia of decided benefit in a similar case. The doses were repeated, at first, once a day, after a few months, once a week. In the course of three years the tumor entirely disappeared. The six thousandth potency was used. In another case the use of the medicine was required only one year. In the latter case the patient's sister had recently died of cancer of the breast.

Dr. H. N. Guernsey spoke at length in favor of the use of high potencies in acute as well as chronic cases.

Dr. Burdick expressed decided want of confidence in the preparations of high potencies recommended by several physicians. He maintained that many supposed to be very high are no higher than the tenth or thirtieth. He also affirmed that many of the preparations lose their efficacy after a time and become quite inert, particularly vegetable medicines.

Dr. Blumenthal asked for the method of preparing the high potencies, and the scientific reason for using them in any given case. His question was not answered. He stated that when the remedy is perfectly homœopathic to the case a high potency will answer a better purpose than a low one; but if not exactly homœopathic, then low potencies are more efficacious.

BUREAU OF OBSTETRICS.

"Abortion or Infanticide." By C. J. Farley, M.D.

"Some of the Effects of Pregnancy and Parturition on the Nervous System." By A. P. Hollett, M.D. The author described several cases of convulsions in connection with labor.

BUREAU OF PÆDOLOGY.

"Infantile Otitis." By P. J. B. Wait, M.D. The paper was an exhaustive one. Statistics were given showing that the diseases which produce deafness are far more frequently fatal than those which produce blindness.

"Syphilis in Children." By S. J. White, M.D. The paper presented an exhaustive sketch of the history of this obscure and frequently fatal disease. A number of cases were related which were of more than ordinary interest.

Dr. Bacon stated that syphilis is not communicated by vaccination except when blood is present in the matter used

"Diseases of the Umbilical Cord." By M. A. C. Brinkman, M.D. This paper evinced thorough research and observation. The reading of it occupied twenty-five minutes. Hemorrhage from the cord was described; its causes stated, and appropriate treatment pointed out. Zinc ointment was recommended. It is frequently fatal. The presence and exceeding danger of septicæmia were forcibly delineated.

"Entero-colitis." By T. C. Duncan, M.D. This paper was read by Miss H. Amelia Wright. The paper abounded in suggestions of great importance. It was one of exceeding interest and of practical value.

"Clinical Reports." By Clara C. Plimpton, M.D. This paper described cases of hemorrhage from the bowels in infancy. Cinchona was suggested as an appropriate remedy. A case of convulsions and the treatment employed was minutely stated.

Miss Wright furnished a carefully prepared tabulated statement showing the per-centage of deaths from diseases of childhood.

Dr. H. M. Paine called attention to one of the causes of cholera infantum, viz., entozoa developed in the food of bottle-fed infants. He referred to an article entitled "Acute Intestinal Catarrh of Infants, and its Treatment by Mercuric Chloride," by Dr. Ravenburg, of Washington. The paper is published in the July (1878) number of the *Medical Record*. The author ascribes one of the causes of this fatal disease to the presence of entozoa, which develop in the milk very rapidly, and to a greater extent than the digestive organs are able to destroy; hence putrefaction results and irritation is thereby established which causes the death of the infant. The source of contamination of the food is often traced to the ice chest, where the milk is usually kept in an open vessel in close proximity to other vegetable and animal articles of food. The sterilization of these infusoria is of primary importance, and is accomplished by subjecting the food to a temperature of 150 degrees; also by the addition to each bottle of food of a small quantity of mercuric chloride. Dr. R. recommends dissolving one grain of the chloride in twelve ounces of water, and of this one teaspoonful to be added to each cupful of food. The doctor also suggests that condensed milk be used, because it can be more effectually protected from sources of contamination until required for use. Dr. Paine stated that during the past summer he had furnished a number of patients with the third decimal trituration of *Mercurius cor.*, and in every instance the disease had been more easily controlled than in former seasons.

BUREAU OF LARYNGOSCOPY.

"History of the Art of Laryngoscopy." By E. J. Whitney, M.D. Read by title and referred.

BUREAU OF HISTOLOGY.

"The Physiology of to-day." By C. A. Bacon, M.D. The paper set forth the changes which have taken place in the department of physiology during the past few years, particular reference being made to the physiology of digestion.

BUREAU OF CLIMATOLOGY.

Dr. A. R. Wright, chairman, presented a verbal report, stating, substantially, that several members were carefully investigating the sources of miasmatic diseases with special reference to the process of vegetable decomposition as it takes place in swamps. Other sources of malarial disease were described.

BUREAU OF VACCINATION.

The report of this Bureau was presented by the Secretary. It was read by title and referred to the Committee on Publication.

Dr. Hotchkiss stated that, in a recent case, after having vaccinated a child on the leg the pustule formed on the arm.

Cases were related by other physicians present in which pustules formed at points remote from the part vaccinated.

BUREAU OF CLINICAL MEDICINE.

On motion, the report of this Bureau was re-opened, and remarks were made regarding many interesting clinical cases.

Dr. Hasbrouck had found *Sticta* very useful in the treatment of rheumatic bursitis; also in that of hay fever.

Dr. Conant spoke of the value of *Sticta* for the relief of a tight, dry cough.

Dr. Wright had observed good results from the use of *Silphium* in the treatment of hay fever.

Dr. H. M. Paine presented a report of a case of cancer of the stomach and liver, in which a few infrequent features, rendering the diagnosis difficult, were pointed out.

Dr. H. M. Paine presented and read a paper entitled "The Critical Period of Homœopathy." The author, who has been thirty years a member of the homœopathic school, and has closely watched its early rapid growth, pointed out some of the causes which are evidently contributing to its decline, and which, if unchecked, will destroy its prestige and influence as a distinct organization.

Dr. H. M. Paine read extracts from a paper entitled "The Proposed New Law for Regulating the Practice of Medicine and Surgery." The new law provides (1st.) For a complete system of county registration of all qualified practitioners, and imposes a penalty for non-compliance; (2d.) That the status of all legal practitioners at the time of the passage of the bill shall remain unchanged, and that thereafter the degree of doctor of medicine *only* shall constitute a license to practice; also, (3d.) that the degree shall be obtained, as at present, from an incorporated medical college, or from the Regents of the University.

Drs. C. E. Blumenthal and H. M. Paine were appointed a committee to report certain provings of remedies arranged by groups of symptoms, in order to show more clearly the diseases, if possible, for which they are applicable than by the present method of classification by organs.

A cordial vote of thanks was unanimously tendered to the Trustees and Officers of the Asylum, and to the Orange County Homœopathic Medical Society, after which the Society adjourned.

The papers presented and read were, as a whole, valuable contributions to medical knowledge. They extended over a wide range of thought, and many new facts and observations were clearly and forcibly presented.

Although the champions of Hahnemann's theory of dynamization were present in full force, they did not present a single new thought or item of experience regarding the law of potencies. They reiterated their oft related experiments with the usual amount of gratulation and assurance. When requested to explain the principle or theory involved in the selection of potencies, they either declined with an air of injured dignity, or evaded the question by the puerile assertion that *it was not within the comprehension of a finite mind*. They enthusiastically recounted their triumphs, but were unable to explain the processes by which alleged results were secured. Homœopaths were earnestly invited to blindly follow the course they pointed in order to accumulate evidence showing the applicability of the homœopathic principle by processes regarding which they are utterly ignorant and on which they cannot agree. While denouncing each other's preparations as untrustworthy, proving beyond question that some of them were much lower than were represented, and acknowledging that the high potencies of vegetable substances speedily become inert, they still claim that these remedies possess commendable qualities, and that this questionable method of practice is worthy the confidence of the homœopathic school.

The bewildering and conflicting statements of these high-flyers are alarmingly detrimental to homœopathy. These blind leaders are misrepresenting homœopathy by teaching that which has no relation to a proper and reasonable application of its principles. No wonder that the number of homœopaths is diminishing! No wonder that at this late day, after an experience of half a century, the question as to what the essential principles of homœopathy are is as seriously propounded as if the medical world was still ignorant of its plain and simple truths!

Socially the meeting was a decided success. The utmost harmony prevailed, because the transcendentalists were not opposed, on account of the time and the place, lest disturbing influences should in any manner interfere with the interests of the institution whose guests the members' were. It is not improbable that, at future meetings, the question of the *law of potencies* will be thoroughly and impartially considered.

The members present were very favorably impressed with their reception and with the management of the Asylum. They found the institution well officered and well appointed in all its departments, and a decided success financially and as regards the results of treatment. Doubtless the interests of the Asylum have been promoted by this large and influential gathering of homœopaths, lay and professional.

American Observer.

EDWIN ALBERT LODGE, M.D., DETROIT, MICH., GENERAL EDITOR.

HOMŒOPATHIC HOSPITAL WANTED IN DETROIT.

JUSTICE, (an unknown writer,) sends the following communication to the editor of the *Post and Tribune* :

It appears that while a large portion of the wealthy and intelligent class of our citizens are patrons of homœopathy there is no opportunity to secure hospital treatment for those who occupy a lower station in life, travelers, and inmates of boarding houses and hotels. This state of things is due to the fact that, with a single exception, practitioners of the doctrine of *similia* are not permitted to treat patients in any of the established hospitals, and even, in one of them, are not allowed—so says their constitution—to even visit the building as other citizens are privileged to do. This is the more to be deprecated and deplored as homœopathic ministrations are desired in many instances, and money from homœopathic patrons is freely given to the support of such institutions. As a simple matter of justice all will agree that this state of affairs should not exist. While the patronage of this school of practice is largely drawn from among the more intelligent classes, yet the success of the dispensary, now over a year old, abundantly testifies to the favor with which it is considered by the less favored classes, upward of three thousand prescriptions, I believe, being recorded in the books of this charity. In the face of great opposition, which does not redound to the credit of the participants, the dispensary has become an assured fact, and takes rank among the established institutions of our city. While so much is done for those able to call from day to day for relief, it would seem that something should be attempted for those who are bedridden, or unable, from any cause, to apply in person.

Can the laymen, those who have many grateful memories of restored health by the ministrations of the "little pill" doctors, be induced to organize and set on foot a hospital enterprise? We are confident that it needs only the pointing of the way to insure success. The work belongs to them, it is in every way outside of the legitimate sphere of medical men, and to them this appeal is made. Should some man, known to the community, start this work, details can be readily furnished and estimates readily made. If the existing hospitals refuse, on proper petition, to open their wards to homœopathic physicians, the homœopathic patients should withdraw their support and combine their efforts to establish a grand charity, which would at once be a monument to their sense of justice and liberty and an honor to our city and times.

RETRACTING.—Those newspapers which are too proud or too obstinate to retract any unjust or improper language which they have admitted to their columns should profit by the example of an editor, who gives notice as follows: "If any subscriber finds a line that he does not like and cannot agree with, if he will bring his paper to the office and point out the offending line, the editor will take his scissors and cut it out for him."

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO opened October 1st with a class of 100 students, which has since been increased to 140. More States are represented this year than last, and especially the New England and eastern States—Maine, New Hampshire, Vermont, Massachusetts, New York, Delaware, West Virginia, Pennsylvania, etc., etc. The prospects are that the class will number 200 before Nov. 1. Dr. Small made the address of welcome, and Prof. Hawkes delivered the general introductory. Music was furnished by the St. Cecelia Quartette Club (all ladies), one of the finest in the city of Chicago.

PULTE COLLEGE at Cincinnati has 50 students.

HOMŒOPATHIC COLLEGE AT UNIVERSITY of Michigan about the same number of Students as last year. Prof. Franklin gives good satisfaction.

BRYONIA AND DROSERA IN PERTUSSIS.—*L'Année Medicale* contains a report from M. Louvet Lamare on the virtues of Bryonia and Drosera in whooping cough. He gives during the first or catarrhal stage, to a child of seven years, about thirty drops of the tincture of Bryonia daily, and in the stage of spasm, the same quantity of tincture of Drosera. Under the action of the latter the disease rapidly subsides. This is the result of an experience of nine years.

Using the same medicines in minute doses we are surprised that such large doses did not aggravate. Were the preparations impure?

RE-DISCOVERY OF THE OLD SURGEON'S KNOT.—A writer in the *Virginia Medical Monthly*, finding it difficult to prevent the ligature from retaining its tension after the first tie, recommends two or three turns, instead of one only, before drawing the ends. He thinks it a novel expedient. It is nothing, says Pacific M. & S. J., but the old "surgeon's knot," known as such in all the old works on surgery, and as old perhaps as Hippocrates.

TYPHOID FEVER had a mortality of 612 in the city of Berlin in 1877.

A PATIENT'S OPINION OF THE MIDDLETOWN ASYLUM AND ITS MANAGEMENT UNDER DR. TALCOTT.

The following extract from a letter written by a convalescent patient in the Asylum at Middletown, N. Y., to the editor of the "Middletown Daily Press," who was formerly connected with the newspaper profession—to a friend at home, showing, as we are sure it does, the estimate which those most interested—the patients themselves—have of Dr. Talcott's management of the institution, may be of interest to our readers :

"MY DEAR JUDGE:— * * * * * You will, I presume, having read and heard my animadversions on the asylum at ———, have some interest to know what I think of this institution. You will remember my saying to you that, if you should have a friend whom you loved become insane, I begged of you not to send him or her to an asylum if there was any possibility of the patient's remaining under private treatment. Well, my experience here already confirms that opinion so far as it was based on my knowledge of the asylum at——, under Dr. ———'s management. Things are so radically different, and so eminently right and humane here, that the neglect, discourtesy, discomfort and humiliation which patients at ——— have to undergo, seem doubly magnified by comparison, and my bump of combativeness swells with indignation whenever I think of what I saw at ——.

Here, the kindness of the medical officers is real, and goes way beyond the mere care that patients are properly fed, lodged, bathed, &c. They give patients sympathy and encouragement, such as you, or any kindly disposed person, would give to a friend in ordinary sickness. This kindness, too, comes so evidently from the unrestrained sympathetic character of Dr. Talcott, the Superintendent, that it has spread like a blessed contagion over the whole establishment, until there is an enthusiastic *esprit du corps* among his subordinates, in which all devote themselves to the happiness and welfare of the inmates, and whenever a patient shows signs of recovery, congratulations and satisfaction are expressed on every hand. A notable result of this state of things, and one I believe to be found in no other insane retreat in the world, is an almost total absence of that touching, hopeless sadness among the patients, which is the rule in all other asylums of which I have any knowledge. You know from what I have told you, how utterly devoid the hospital at ——— is of any curative appliances in the way of furniture or household goods of any description, and will be surprised and pleased when I tell you that even those who have come from the luxuries of well-ordered and happy homes, and the ministrations of loving wives, mothers or sisters, find here a degree of home-like surroundings and attentions, which may be said to make it a home in the best sense, and would seem almost impossible in a public institution, and which I am sure has never been attempted in the management of any other insane asylum.

* * * * *

YELLOW FEVER INVASION.—(*Pacific Med. and Surg. Jour.*)—The history of yellow fever, it may safely be asserted, presents no instance of its invasion of the north more sudden, more extensive and more threatening than the present epidemic. At least, since the latter part of the last and the beginning of this century, the disease has not displayed the same diffusive character. Philadelphia, New York, Baltimore, and even Boston were then invaded, sometimes devastated by it. Their late immunity has been ascribed to sanitary precautions, but we entertain the belief that it has depended more on the absence of what may be called the *vis epidemica*. That *vis* is now again kindled up as of old. A case of yellow fever in London is noted as having occurred nearly two months ago. This, and the cases at Brooklyn and other places prior to the later rapid extension of the plague in the south-west, point to a causation other than direct contagion, in short, to an epidemic influence, atmospheric, telluric or personal; or to some mysterious and intangible condition of *men and things*, which underlies all epidemics and epizootics. The old question of contagion looms up again for the hundredth time. In late years the idea of contagion in general has gained upon the professional mind. The prejudice of first impressions and superficial observation and reasoning is always on the side of contagion. Familiarity with disease has the opposite tendency. Hence the study of zymotic diseases in the closet, amid visions of bacteria and microscopic germs, is more apt to develop the doctrine of contagion than direct observation and personal experience in the theater of practice. It may be well here to present what was undoubtedly the prevailing opinion of the profession in America twenty years ago, on the question of the contagiousness of yellow fever. In the year 1859 a National Quarantine and Sanitary Convention was held in the city of New York, in which the following resolution was ably and thoroughly discussed by a body of representative men fully conversant with the whole subject: "*Resolved*, that in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed from one person to another, it is the opinion of this Convention that the personal quarantine of cases of yellow fever may be safely abolished, provided that *fomites* of every kind be rigidly restricted." Eighty-five members voted in the affirmative and six in the negative. Of the whole number voting sixty-six were physicians, and only two of these voted in the negative. The term *fomites*, Professor Flint remarks, was intended to embrace, not merely clothing and the like, but merchandise coming from infected regions. We may add the presumption that *fomites* are incapable of generating the disease without a pre-existing epidemic agency.

A CASE OF YELLOW FEVER recently occurred in London—the first ever known there. It came from a vessel just arriving from the West Indies.

EUCALYPTUS GLOBULUS *—The planting of the Eucalyptus, called by the Spanish the *fever-tree*, will aid in restoring the Campagna to a healthy condition. This tree is said to have been useful in purifying the air in Algiers, where there are conditions similar to those of the Campagna. There are several varieties of the Eucalyptus, some of which resist cold better than the *globulus*, which was first introduced here.

An amusing story is related by Count Torelli who has interested himself in introducing this tree into the city for distribution among the proprietors of the Campagna. He sent a specimen to the city authorities, and received an answer from some careless official there, thanking him for the attention, and saying that it should be examined by a good carpenter to see what use could be made of the wood for building purposes! It is a tall, slender, leafy tree, that bends to the wind, and is, in fact, rather a giant shrub than a tree.

The efficiency of the Eucalyptus in purifying the air from miasmatic exhalations has been proved by the Trappist monks, who occupy the monastery of the Tre Fontane. This is an ancient building erected by the Emperor Honorius I. in the year 626, about a mile beyond the Basilica of St. Paul. This spot has been known to be unhealthy for centuries, and even as late as four years ago the monks never ventured to spend a night there during the summer months. But they have drained the land and planted over two thousand of these trees, the leafy branches of which shade the walks and courts. The leaves yield a pleasant odor, which is a mixture of camphor, mint and resin. The tree is of rapid growth, and is raised by the monks from seeds planted in vases, the young trees at the end of eight or nine months being placed in the ground. That part of the Campagna, owing to the system of draining and tree planting pursued by the monks, is now quite healthy at all seasons. Similar labors in many points of the Campagna would undoubtedly restore it to a healthy condition.

GOITRE.—An old subscriber writes: "I would like very much if you would call on some of your many contributors for an article on external treatment of goitre and enlarged neck."

AN OHIO M. D. WRITES:—I have been a subscriber for twelve years, ever since I have been in practice, and although the times are very close I cannot well do without your *valuable* monthly.

* By Sofia Bompiani in *New York Observer*

COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

On the evening of Monday, Oct. 21st, 1878, there was organized in this city a medical society with the above name, which I wish to commend to the homœopathic profession of Michigan, as well as other and neighboring states. The objects are to have weekly meetings for the discussion of papers that are intended to be more carefully prepared, and to go into the subject matter more exhaustively than seems possible in the ordinary societies now organized. The society will be regularly incorporated, and the charter will provide for the establishment and maintenance of a library, museum, laboratories, both chemical and physiological, an anatomy room, a periodical publication, and to encourage original work in all the departments of medical science. The college will publish original works written by its members, and will have power to confer its degree of *Fellow of the College of Physicians and Surgeons* on its members. The membership is in three classes, *Active*, including all within the limits of Detroit, or who are near enough to be enabled to attend the meetings regularly should they desire it; *Corresponding*, composed of physicians of the state of Michigan, who will enjoy all the privileges of active membership except the right to hold office; and *Honorary*, who are to be non-residents of Michigan, and enjoy all the privileges of corresponding members except the right to vote. The dues of active members are fixed at four dollars a year, paid quarterly, and of corresponding probably half that amount; at the meeting for organization, through inadvertence, the dues of corresponding members was also placed at four dollars, but this will be corrected. Honorary members pay no fees or dues, but will receive all the publications of the college and enjoy all the privileges of other members except as stated above. All members are expected to donate to the library a copy of any work of which they may be the author or editor; also specimens of any morbid or histological tissue that they may become possessed of, either by surgical operation, post mortem, or in dissecting. Exchanges are to be had with other scientific societies, both of publications and museum specimens, and every possible exertion will be made to carry out the object of the college in the most complete manner.

Of course much of this work can only be fully performed in the

future, not very distant, it is hoped, but much of it can be entered upon at once, and the larger our membership at the outset the sooner all the items will receive attention.

There are many circumstances that led to the inception of this scheme, one of the most consideration was the fact that our society work, in Michigan, at least, did not seem to be what we had a right to expect, and that an effort should be made to foster original work, and more extended study. We are not suffering for doctors; in fact, we and the public would be in better plight if one-half were to abandon medicine for some more congenial pursuit. We mean, therefore, to improve each other, give *our* profession a higher position among the sciences, and aid in the elevation of medical education by every means in our power.

In closing, permit me to urgently request our confreres to send in their applications for membership at once; our Constitution will be published shortly and mailed to all interested. In the mean time I will state that the qualifications are, graduation in some reputable medical college, consistent practice according to the doctrine of *similia*, receiving a three-fourth vote of the members present at any regular meeting, and payment of one quarter's dues in advance.

Our first regular meeting will be on Monday evening, Nov. 4th, in the Free Dispensary rooms on Shelby street. I shall open the ball with a lecture introductory to a course on *Lithiasis*, and continue the subject on the Monday of each week in November. In December Dr. D. J. McGuire, who has no superior as an ophthalmologist, will occupy one hour each week; and Dr. C. C. Miller in January. We shall be happy to correspond with all desirous of becoming members, and wish it to be understood that there is no limitation as to sex, men and women being equally eligible and enjoying equal privileges.

OFFICERS.

President.—J. G. Gilchrist.

Vice President.—T. F. Pomeroy.

Recorder.—R. C. Olin.

Corresponding Secretary.—D. J. McGuire.

Treasurer.—F. X. Spranger.

Curator.—W. M. Baily.

Executive Committee.—J. D. Craig, J. D. Kergan, F. Woodruff.

Any contributions to the museum or library may be sent to the Curator, Dr. Wm. M. Baily, 132 Shelby street, Detroit; applications for membership to Dr. D. J. McGuire, 34 Fort street, and all other communications to the Recorder, Dr. R. C. Olin, 83 Lafayette avenue.

J. G. GILCHRIST.

Otology and Ophthalmology.

HENRY C. HOUGHTON, M. D., AND GEO. S. NORTON, M. D., N. Y. CITY, EDITORS.

REPLY TO DR. HART'S RESPONSE.

Laying aside all personalities, as beneath a gentleman, I would simply call attention to two or three points, the only ones advanced in this response. First, that I have used as references "writers of whom not one in a thousand of our readers have heard," while he has used "standard works." Let us see. My references were chiefly to the "*Handbuch der Gesammten Augenheilkunde*," by Graefe and Saemisch. This is an extensive encyclopedia of ophthalmology in seven large volumes, written by all the celebrated oculists in Germany and published during the years 1876-7, with the exception of Vol. 1, on the anatomy, which appeared in 1874. Other *recent works* to which we would refer are Schweigger (an English translation of which is now out), Zehender, Wecker, Lawson, Carter and others, all of which have appeared within the last three or four years. His "standard works" are, Stellwag, the last *translation* of which came out in 1873; it is a standard work, but not recent. Soelberg Wells, T. Wharton Jones and McKenzie are all *out of print* (as I am informed by Wm Wood and Co., the publishers). The former was an excellent work, though did not bring the subject up to the present time. The two latter are ancient works, *not representative* of the ophthalmology of to-day. Williams and Angell are both good, though are small and incomplete for the use of the general practitioner. His assertion that most of his errors are contained in Angell's work and *all* of them in the standard works above mentioned, *may* be true, in as far as it relates to the latter, if one will examine the treatises of T. Wharton Jones and McKenzie, especially the latter, published in 1854.

Regarding the four points which he *vainly attempted* to disprove, and which I answered in the last number of the OBSERVER, I have only to reiterate what I then said. His "latest pathological fact that the diphtheritic membrane is always a desquamation, is laughable in the highest degree, and could not mislead a "first course student."

His quotation from my "Answer" in relation to "cholesterine in the vitreous" is about on a par with his other quotations. I said that *I believed* that the symptom he mentioned had not been given by any author. In the limited time of two hours which I had to answer his reply and consult authorities, I did overlook the note in *small type*, which he quotes from Stellwag, though this quotation does not conflict in the least with my remarks in the original review.

Near the close of this "response" he takes up two new points, viz., that I charged him with omitting any description of "embolism of the central artery of the retina, or hemorrhage into the optic nerve." *So I did, and I reiterate the charge.* He acknowledges that he omitted the former, but that Stellwag does not believe in embolism, that the embolus has only been found in one case, and that Angell says that only one case has been published in this country. Here are the facts. Stellwag, it is true, did not believe in embolism of this artery when he wrote his book, but had a *theory* of spasm of the vessels to account for sudden blindness, a theory not accepted by any recent authority. Second, there are *six cases* of embolism of the central artery of the retina on record, in which the post mortem has revealed the embolus, (Schweigger, Priestly Smith, Nettleship's (2 cases), Schmidt and Gower). Third, I can prove by statistics that at least 15 cases of this affection have been seen during the past year in the clinics of N. Y. city alone.

Turn now to his second point, that hemorrhage into the optic nerve has been mentioned "four different times" in his book. If the Doctor had ever read Magnus' able monograph on "Die Sehnervenblutungen," or if he understood what hemorrhage into the optic nerve was, he would never have made this puerile assertion. His references are to hemorrhages into the retina and on the optic disk and *not* to hemorrhage into the nerve as a cause of sudden blindness with its train of attendant symptoms.

In conclusion, I would refer the reader to my original review in the N. A. J. H., in which each assertion is *fully proven* by *recent and standard authorities*.

GEO. S. NORTON.

CLASSIFIED INDEX.

Volume 15. New Series Volume 5.

	PAGE		PAGE
SURGERY.		MATERIA MEDICA.	
Actual cautery, a simple device for the.....	279	Absurd and disgusting remedies.....	245
Aneurisms, new method of curing.....	221	Ailanthus Glandulosus.....	260
Alcohol dressing in wounds of the scalp.....	223	Carbo vegetabilis, a reproving of.....	9
Allis' Ether Inhaler, description of.....	291	Cyanide of Mercury in diphtheria.....	80
Amputations.....	464	Colocynth.....	333
Adenoid Goitre.....	316	Cocculus and PicROTOXIN.....	13
Anasarca, Capillary tubes for.....	217	Dynamization v. Empiricism.....	533
Best Ligature.....	426	Eucalyptus globulus.....	592
Burns and Scalds, remedy for.....	230	Fluxion potencies, concerning.....	321
Capillary tubes for draining Anasarca.....	217	Hepar sulph. calc.....	268
Curve-pointed Eustachian Catheter, mode of introducing the.....	224	Helleborus niger.....	518
Cotton Batting in Fractures.....	436	Juglans cinerea, on.....	331
Chloral in Ulcers.....	230	Materia medica, on teaching.....	265
Curvature, spinal.....	306	Mercuric cyanide.....	207
Charcoal as a preventive of Septicæmia and pyæmia.....	430	Pyrus Americana.....	520
Cotton Batting in Fractures.....	436	Plantago major as a Tobacco antidote.....	251
Ear, removing foreign bodies from.....	462	Potencies, Dr. Swan's water-meter.....	49
Empyema.....	433	Picrotoxin and Cocculus.....	14-57
Enucleator, Yarrow's.....	314	Physostigmatis faba, provings.....	317
Eye drainage.....	425	Plumbum metallicum.....	437
Eustachian closure.....	434	Remedies, absurd and disgusting.....	245
Eustachian Catheter, mode of introducing.....	224	Rhus diversiloba.....	465
Glandular Goitre.....	315	Sources of the Homœopathic Materia Medica, on the.....	9
Gross' Urethrotome.....	313	Triturations.....	247
Goitre treated by Electrolysis, cases of.....	315	Teaching Materia Medica.....	265
Genu-valgum or Knock-knee.....	429	Water, softening of.....	57
Hip-joint disease.....	429	TRANSLATIONS FROM FOREIGN JOURNALS.	
Insufflation in Superficial Tumors.....	218	Affections of the Pancreas in certain forms of Diabetes.....	395
Improved Instruments.....	313	Chromophototherapy of mental diseases.....	231
Improved mode of managing Empyema cases.....	433	Cerebral Tumors.....	178
Iodoform as a dressing.....	435	Diabetes.....	395
Instrument for the removal of foreign bodies from the ear.....	462	Eczema Marginatum.....	181
Knee-joint drainage.....	427	Epilepsy.....	395, 507
Keyser's Prosoponometer.....	314	Electricity in Intestinal Vagination.....	505
Lost Art in Surgery.....	45	Faradisation cures a case of Hydrophobia, by Menesson.....	181
Ligature, The Best.....	426	Faradisation of the spleen in Intermittent Fever.....	396
Michigan University Homœ. College—Clinical Surgery.....	226	Hot injections in Metrorrhagia.....	391
New Operation for Fracture of the Patella, a.....	436	Hepatic Diseases on the Excretion of Urea, on the influence of.....	392
New Mode of making Amputations heal by First Intention.....	464	Hemoptoe in hysterical women, on.....	394
Personal disinfection of physicians.....	45	Infantile Spinal Paralysis.....	232
Patella, fracture of.....	436	Inhalations of Oleum Terebinthinæ for Per- tussis.....	394
Pyæmia.....	41	Milk for Obesity.....	506
Perineal Needle, Stewart's.....	313	Nervous symptoms, even Hemiplegia in Pneu- monia.....	232
Prosoponometer, Keyser's.....	314	Pertussis, Oleum Terebinthinæ, inhalations in Poisoning, case of.....	180
Paper Fibre Lint.....	431	Paralytic patients, on a peculiar disturbance of sight in.....	180
Relation of Diseases to the Healing of wounds Scalp, Alcohol in dressing wounds of.....	224	Petromyzon Fluvialis.....	181
Spinal Diseases, their surgical treatment	295	Psychical Epilepsy.....	395
Stewart's Perineal Needle.....	313	Pneumonia, nervous symptoms in.....	232
Surgery, a lost art in.....	45	Psoriasis.....	396
Septicæmia and Pyæmia.....	430	Rubber in skin diseases.....	506
Salicylic Acid in Ulcers.....	230	Reflex Epilepsy.....	507
Sweating as a Tetanus Remedy.....	432	Symptomatology for the localization of Cerebral Tumors.....	178
Surgeon's Knot.....	589	Treatment of Psoriasis with Chrysophanic Acid.....	396
Tinnitus Aurium.....	183		
Thuja Occidentalis.....	493		
Ulcers.....	222, 435		
Urethrotome, Gross'.....	313		
Yarrow's Enucleator.....	314		

OPHTHALMOLOGY AND OTOTOLOGY.

PAGE

Accommodation, the theory of.....	26
Accommodation, anomalies of.....	31
Amblyopia.....	70
Anæsthesia Retinæ.....	77
Amaurosis.....	74
American Homœopathic Ophthalmological and Otolological Society.....	379
Anomalies of Refraction.....	35
Astigmatism.....	68
Ciliary Neuralgia with Acute Conjunctivitis; cases; remarks.....	380
Convergent Strabismus.....	120
Conjunctivitis, acute.....	380
Divergent Strabismus.....	122
Eye Drainage.....	425
Exophthalmic Bronchocele.....	126
Eserin on the normal eye, on the action of.....	340
Erysipelas of the globe and its appendages.....	347
Functional Diseases.....	26
Grave's Disease.....	126
Hyperæsthesia Retinæ.....	73
Hemeralopia.....	75
Hypermetropia.....	65
Hart's C. P. Dr., Work on Eye.....	457, 503, 529, 595
Illumination, lateral or oblique.....	522
Lilienthal's Therapeutics.....	522
Lateral or Oblique Illumination.....	22
Morbus Basedowii.....	126
Mydriasis (Abnormal dilatation of pupil).....	113
Myosis (Abnormal contraction of pupil).....	115
Myopia.....	36
Nystagmus.....	118
New York Ophthalmic Hospital for Eye and Ear.....	390
Night Blindness.....	75
Optical Aids and Tests.....	17
Ophthalmoscope, the.....	17
Ophthalmoscope, manner of using.....	19
Paralysis of the Ciliary Muscle.....	33
Paralysis of the Ocular Muscle.....	115
Presbyopia.....	31
Pupil, abnormal dilatation of.....	113
Refraction, anomalies of.....	35
Review of Dr. Hart on Eye.....	457, 503, 529, 595
Spectacles.....	23
Strabismus.....	119, 120
Specialists in Eye and Ear, list of.....	389
Spasm of the Ciliary Muscle.....	34
Test Types.....	25
Tinnitus Aurium.....	183

PRACTICE OF MEDICINE.

Acute Rheumatism.....	172
Burns and Scalds, remedy for.....	177
Clinical Cases, a few.....	172
Diphtheria, cyanide of Mercury in.....	80
Diphtheria.....	174
Intestinal Invagination.....	505
Meningitis, case of.....	176
Muscular Rheumatism.....	174
Pulmonary Tuberculosis.....	175
Rheumatism, acute.....	172
Reply to Dr. Norton's review of Dr. Hart's treatise on the Eye.....	457
Sciatica.....	173
Typhoid Fever.....	173
Tape-worm, rapid expulsion of.....	479
Yellow Fever.....	496, 497, 591

OBSTETRICS AND GYNÆCOLOGY.

PAGE

Arnica in Surgical, obstetrical, gynæcological and other cases.....	274
Abscesses.....	282
Agalactia.....	410
Displacement, uterine.....	397
Exercise in the treatment of uterine displace- ments.....	397
Erysipelas.....	278
Extra-uterine foætation.....	409
Food as a remedy for agalactia.....	410
Gestation, how to live during.....	412
Gastrotomy in a case of rupture of the uterus.....	136
Guernsey's Obstetrics, a review.....	443
Hyperæsthesia.....	282
Hystero-epilepsy treated with ice-bags.....	46
How women should live during gestation.....	412
Influence of Posture.....	89
Metrorrhagia—hot injections in.....	391
Ovarian Tumor.....	558
Obstetrical abstract, A case of extra-uterine foætation.....	409
Post-partum hemorrhage.....	375
Placenta prævia—prophylactic treatment.....	134
Pulsatilla in malposition of the foetus.....	46
Posture, influence of, a review.....	89
Pregnancy, labor and puerperium.....	90
Parturition without pain.....	130
Prophylactic treatment of Placenta Prævia.....	134
Pyæmia, Arnica in.....	274
Rupture of perineum.....	279
Senile gangrene.....	277
Suckling, influence of pregnancy on.....	559
Uterine displacements.....	397
Uterine supporters.....	47
Ulcers.....	278
Ulceration of os uteri.....	281
Vaginitis.....	282

CLINICAL OBSERVATIONS.

Alcoholic stimulants, sudden blindness after.....	290
Arsenicum in obstinate vomiting.....	557
Blindness, sudden, after abuse of alcoholic sti- mulants.....	290
Bryonia and Drosera in Pertussis.....	589
Clinical Reports.....	170
Clinical Report, Homœopathic College, Mich. University.....	226
Diphtheria, malignant, cases of.....	284
Dysentery.....	553
Editorial.....	169
Hepatitis, circumscribed suppurative.....	556
Kali chlor. in Diphtheria.....	287
Malignant Diphtheria, some cases of.....	284
Vomiting, Obstinate.....	55

PÆDONOLOGY..

Apis mellifica in Diphtheria.....	241
Abscess in the groin.....	282
Burns, sudden death after.....	244
Diphtheria—Apis in.....	244
Pneumonia complicated with abscess in the groin.....	182
Sudden death after burns.....	244

MISCELLANEA.

	PAGE
Advertising, the Bag as a Means of.....	58
Amusing Episode, an.....	359
Allopathic Progress— <i>slow</i>	500, 501
Blunders.....	263
Biographical Sketches.....	359
Boston University School of Medicine.....	406
Cocculus and Picrotoxin.....	13
Calendula for Severe Lacerations and Contusions in Horses.....	105
Compromise between the Schools.....	151
Caulophyllum as a Parturient.....	359
Correction, Prof. Gilchrist.....	453
Controversies.....	502
Disinfection, Personal, of Physicians.....	45
Disinfectant, a New, Cheap, and Self-Generating.....	407
Doctor's Horse Retired.....	262
Dentistry Extraordinary.....	495
Detroit, Homœopathic Hospital Wanted.....	588
Education of Idiots.....	497
Expert Testimony.....	359
Ethics, Medical.....	453
Enthusiastic Operator.....	495
Farcy.....	103
Flower Barometer.....	109
Freedom of Opinion and Action.....	210
Fleas.....	496
Hard Times.....	264
Hospitals.....	359
Homœopathic Healing Art, the Genius of the.....	473
Homœopathic Physicians of the State of N. Y., to the.....	480
Homœopathy and Sectarianism.....	537
Hahnemannian Monthly.....	539
Introductory, 1878.....	3
Kindergarten.....	480
Literary Laziness.....	58
Longevity in America.....	110
Letter from Prof. Hempel.....	147
Lippe vs. Jones, Dunham and Hempel.....	153
Lactopeptine.....	357, 536
Laugh Cure.....	62
Opinion and Action, Freedom of.....	210, 358
Old Physic.....	492
Picrotoxin and Cocculus.....	13
Professional Men, Great Fault Among.....	58
Plantago Major, a Tobacco Anecdote.....	251
Physician or Homœopath?.....	401
Phosphorus and the Brain.....	501
Reply to Dr. S. A. Jones.....	542
Reply to S. Swan, M. D.....	205
Reduction in Price.....	358
Retracting.....	589
Swan's Water-Meter Potencies.....	49
Tape-Worm, Expulsion of.....	479
Title Page—1878.....	1
Thin Living and Thick Dying.....	526
Water, Clark's Method of Softening.....	57
What is Modern Homœopathy?.....	81, 137
Water Meter Potencies.....	162
Writer's Cramps.....	263
Wisdom—Teeth, Decayed.....	263
Women Doctors.....	496
Work.....	499
Yellow Fever.....	496, 497, 535, 591

REVIEWS AND BOOK NOTICES.

Allen's Encyclopedia Materia Medica.....	513
Blue and Red Light as a Medicine.....	449
Berberidaceæ.....	451
Clinical therapeutics.....	248
Cultivator and country gentleman, the.....	248
Charteri's Hand-book.....	515
Deterioration and race education.....	451

	PAGE
Diseases of the Brain and Eye, Dr. Hart on.....	106, 249
Directory of homœopathic physicians of N. A.....	248
Diseases of the Eye, Dr. Angell.....	250
Education as a public duty, a plea for.....	450
Electro-Therapeutics—Butler.....	450
Genius of Homœopathic healing art.....	473
How to be plump.....	449
How to take care of our eyes.....	450
Hahnemannian Monthly.....	408
Homœopathy; the science of therapeutics.....	61
Hoynes's annual directory.....	250
How to be plump.....	250
Indexed pocket-maps.....	248
Iowa, Transactions.....	449
Lindsay and Blakiston's Publications.....	61
Library for \$4.50, a.....	449
Law of population, the.....	450
Medical intelligencer.....	61
Menstruation by W. J. Guernsey.....	248
Ohio medical and surgical reporter.....	408
Practitioners' reference book.....	61
Preacher and Homiletic Monthly.....	450, 525
Palliser's American Cottage Homes.....	451
Physicians Visiting Lists.....	525
Rand McNally & Co., series of Indexed Pocket Maps.....	248
Transactions of the Hahnemann Medical Association of Iowa.....	449
Tyson's Guide to examination of urine.....	525

COLLEGES, SOCIETIES, ETC.

Albany County, N. Y., Homœopathic Medical Society of.....	59, 107
Atlantic Mutual Life Insurance Co.....	108
American Institute of Homœopathy.....	353, 361
Boston University School of Medicine.....	406
Colorophobia.....	60
Conversion, another.....	60
Chicago Homœopathic College.....	261
California State Homœopathic Society.....	264
French Congress of Homœopathic Physicians.....	264
Homœopathic Medical Society of Michigan.....	264, 354
Homœopathic Medical Society of the State of N. Y.....	108, 480
Hahnemann College of Chicago.....	112, 589
Hahnemann Medical Club of Philadelphia.....	255, 260
Iowa State University Homœopathic Department.....	60
Indiana Institute of Homœopathy.....	215, 370
Illinois Homœopathic Association.....	264
Life Insurance Co., Homœop. Mutual of N. Y.....	215
Michigan University Homœopathic College.....	60, 214, 257, 312, 356, 408, 589
Middletown, N. Y., Homœopathic Asylum for the Insane.....	110, 253
Minnesota Homœopathic Institute.....	264
New York Homœopathic Medical College.....	109, 213, 360
New York Ophthalmic Hospital.....	109, 110, 216, 360, 456
New York State Asylum of the Insane.....	255, 590
New York State Homœopathic Society.....	569
New York County, Homœopathic Medical Society of.....	199
New York, the Homœopathic Mutual Life Insurance Co., of.....	215
Nine Months Course.....	167
Ohio Homœopathic Society.....	350
Pulte College.....	589
Students at the Colleges.....	60
Ward's Island Homœopathic Hospital.....	110
Western Academy of Homœopathy.....	112, 263, 351
Wisconsin State Homœopathic Medical Society.....	256

CLIMATOLOGY.

PAGE

Appalachian System, the.....	418
Agricultural and Manufacturing Capacity.....	422
Highlands: Western North Carolina.....	233, 561
Healthfulness.....	424
Meteorology in the Service of Medicine.....	240
Mountain Resorts for Consumptives.....	334
Minnesota.....	338
Mineral Wealth.....	422
Norwegian Health Resort.....	495
Southern California.....	337
Southern Plateau, the.....	419, 420, 421
Texas.....	338
Tuckaseege.....	419
Thermal Belts.....	423
Western North Carolina.....	338, 418

PERSONAL NOTICES, ETC.

Allen H. C. M. D.....	64, III, 437
Butler John, M.D.....	360
Berghaus Julius M., A.M. M.D., LL. D., death of.....	63
Backus Rufus, M.D., death of.....	63
Baker Gideon, M.D.....	III
Buffum J. H., M.D.....	360
Bacmeister T., M.D.....	360
Craig James D, M.D.....	64
Dake Lulu D., wife of B. F. Dake, M.D., death of.....	64
Deschere Dr.....	360
Deady Charles, M.D.....	360
Dowling Rev. Dr., death of.....	480
Eldridge I. N., M.D.....	III
Fellger Adolphus, M.D.....	III
Franklin E. C., M.D.....	360, 456, 502
Fraser E. J., M.D.....	408
Gatchell H. P. Prof.....	III, 360
Gatchell Chas. Prof.....	64, III, 360
Gilchrist J. G., M.D.....	408
Haynel A. J., M.D., death of.....	63
Hempel C. J. Prof.....	64, III, 216
Hart C. P., M.D.....	III
Houghton Henry C, M.D.....	216, 408
Jackson Mercy B, M.D., death of.....	112
Jones Prof.....	456
Keller J. D., M.D.....	216
Lewis F. Park, M.D.....	64
Lippe Ad., M.D.....	112
Lilienthal S. Prof.....	408
Norton George S., M.D.....	216
Palmer Geo. H., M.D.....	64
Pettet Emma, wife of J. Pettet, M.D., death of.....	64
Swazey Geo. W., M.D., death of.....	64
Swan Samuel, M.D.....	112
Smith St. Clair, M.D.....	360
Von Grauvogl Dr., death of.....	63
Von Tagen C. H. Prof.....	64
Wetmore S. W., M.D.....	112
Whitfield I. J., M.D.....	360
Wanstall Alfred, M.D.....	370

AUTHORS AND CONTRIBUTORS.

PAGE

Allen H. C., M.D.....	167, 251
Allis Dr.....	291
Burdick S. P., M. D.....	205
Butler John, M.D.....	315
Bacmeister T., M. D.....	321
Burnett J. C., M. D.....	331
Burgher J. C., M.D.....	361
Bronardel Dr.....	392
Berridge E. W. Dr.....	542
Bell J. S. Dr.....	553
Brayton S. N. Dr.....	558
Crosby A. B., M.D.....	45
Chaille Stanford E. A. M., M.D.....	334
Craig James D., M.D.....	397
Dake J. P., M. D.....	170, 204
Dowling J. W., M.D.....	211
Dudgeon R. E., M.D.....	401
Dunham Carroll, M.D.....	153
Duffin F. P.....	484
Franklin E. C. Prof.....	295
Franco Dr.....	393
Gilchrist J. G., M.D.....	41, 226, and 552
Gatchell Charles Prof.....	169
Gatchell H. P. Prof.....	233, 417, 518, 520
Gallupe William, M.D.....	306
Gerth Albracht, M.D.....	394
Gaureau Ed. M.D.....	464
Gage J. L., M.D.....	557
Hempel C. J. Prof.....	151, 153
Hughes Richard L. R. C. P.....	9
Henry John H., M.D.....	13
Hart C. P., M.D.....	17, 65, 196, 113, 172, 457, 529
Hiller Dr. Albert.....	103
Hoyt P. B., M.D.....	412
Ince E. A., M.D.....	210
Jones S. A. Prof.....	9, 156, 164, 265, 437
James Bushrod W. A. M., M.D.....	217, 291, 313, 425
Lilienthal S., M.D.....	90, 178, 231, 391
Lewis F. Park, M.D.....	379
Laucereaux Dr.....	395
Lippe Ad. M.D.....	153, 473
Morgan John C., M.D.....	183
McGuire D. J., M.D.....	195, 340
Moore J. Murray, M.D.....	465
Moffat R. C.....	484
Nichol Thomas, M.D., LL. B., B. C. L.....	182, 241
Norton George S., M.D.....	380
Ponfick Prof.....	244
Price Elias C., M. D.....	274, 409, 419, 443
Payne William E., M.D.....	317
Parcell S. T., M.D.....	462
Pauline Dr.....	479
Paine H. M. Dr.,	533
Raymond S. W., M.D.....	176
Runnels M. T., Dr.....	556
Swan Samuel, M.D.....	162
Thomas T. G., M.D.....	134
Taylor H. W., M.D.....	284
Tucker James J., M.D.....	333
VonReuss A., M.D.....	340
Vancleve W. S., M.D.....	463
Wetmore S. W., M.D.....	81
Wright W. M., M.D.....	232
Wanstall Alfred, M.D.....	349
Wells P. P., M.D.....	484

30

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